



NJ Department of Human Services
Division of Developmental Disabilities
www.nj.gov/humanservices/ddd



Investigation Report Request

Individual's Name: _____ Date of Birth: _____

Requestor's Name: _____ Phone: _____

Address: _____

Requestor's relationship to Individual: ___ Guardian ___ Other

If "Other," please explain: _____

Date of Incident: _____ Incident #: _____

Please explain why you are requesting a copy of the Investigation Report:

Please submit this form by email or mail to the Office of Risk Management:

Email: DDD.ORM-SKL@dhs.state.nj.us

Mail: Office of Risk Management
Division of Developmental Disabilities
PO Box 726
Trenton, NJ 08625-0726
Attn: Steven Katz, Legal Specialist

The Division will review the request to determine whether the investigation report contains information that has not already been provided, and which is needed in connection with the provision of care, treatment, assessment, evaluation, or supervision of the individual, and whether the provision of information is in the best interest of the individual. If the Investigation Report Request is approved, the names of caregivers, other service recipients, and some third parties that appear in the report will be redacted.

Requestor's Signature: _____ Date of Request: _____