



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

Division of Developmental Disabilities

P.O. Box 726

Trenton, NJ 08625-0726

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

SARAH ADELMAN
Commissioner

JONATHAN S. SEIFRIED
Assistant Commissioner

Department of Human Services
Office of Risk Management
Stephen Komninos' Law Investigation Report Request

Individual's Name: _____ DOB: _____

Requestor's Name: _____

Address: _____

Phone: _____

Requestor's relationship to Individual: Guardian Other

If "Other," please describe: _____

Date of incident: _____ Incident #: _____

Please check off the reason(s) for the request of the investigation report:

- Provision of care (service delivery)
- Treatment of the individual
- Assessment of the individual
- Evaluation of the individual
- Supervision of the individual

Please email a copy of this form to DDD-.ORM-SKL@dhs.nj.gov

The Division will review this request to determine whether the investigation report contains information not already provided which is needed in connection with the provision of care, treatment, assessment, evaluation, or supervision of the individual, and the provision of information is in the best interests of the individual. If the 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: _____