

Department of Human Services
Division of Mental Health and Addiction Services
Incident Reporting Training Request Form

Agency Name:

County(ies):

License Type(s):

Licensed and/or Contracted Services through DMHAS:

Incident Reporting Contact Name and Title:

Training Contact Name and Title:

Training Participants Name/Title/Email:

Submit completed form to dmhas.incidentrept@dhs.nj.gov. DMHAS will contact you with available training dates.