

**CDPA MEMBER INCIDENT REPORTING FORM**

Please complete this form and then submit it by email to [incident@cdpa.com](mailto:incident@cdpa.com).

Please write "Requesting Assistance" in the Subject Line and send this completed document as an attachment.

In order for the Assistance Program to best assist you, you must answer the following questions as completely as possible:

1. State the date upon which you first became aware of this Incident:
2. Describe all relevant events related to the Incident in your own words:
3. Describe what actions you have taken to this point:
4. State what assistance you are seeking:
5. If there is any correspondence and/or documentation relevant to this Incident, please send it as an attachment to the email reporting the matter.

Please provide your phone number(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

You can expect a Dentist Risk Advisor to contact you within one business day.

Please understand that all correspondence and communication is and remains confidential, so that there is no need to redact any information.

**It is very important that you NOT contact the patient or any party that is or may be involved with this Incident OR TAKE ANY ACTION until you have been contacted, and have received assistance from a Dentist Risk Advisor from the CDPA Assistance Program.**

\*\*\*\*\*