

**UNIVERSAL FAMILY
LOCAL HUMAN RIGHTS COMMITTEE REPORT**

Date: _____

PROGRAM NAME: _____

PRESENTER'S NAME: _____

CONTACT NUMBERS: _____

LICENSE STATUS: _____
(Give date and expiration due if licensed)

LOCAL HUMAN RIGHTS AFFILIATION STATUS:
 PERMANENT TEMPORARY REQUESTING
EXTENSION

DUES STATUS: _____

PROGRAM INFORMATION

ADMISSIONS: _____
DISCHARGES: _____
CAPACITY: _____

PROGRAM INFORMATION

PROGRAM NAME: _____
ADMISSIONS: _____
DISCHARGES: _____
CAPACITY: _____

COMPLAINTS/RESTRAINTS TO REPORT: FORMAL AND INFORMAL

RESTRAINTS (include physical and medical): _____

REPORTS OF ABUSE/NEGLECT: (to include cases alleged, pending or proven):

REPORT OF SERIOUS INCIDENTS/INJURIES/DEATHS:

CLOSE SESSION: YES/NO