## **REQUEST FOR OPS INVESTIGATIVE REPORT**

REQUESTOR INFORMATION			
Name	Address	Phone Number	
Firm/Agency Name (if applicable)	Email	Fax Number	

INVESTIGATIVE REPORT DESCRIPTION			
Consumer Name	Date of Incident/Investigation	OPS Report Number	
Incident Location	Other Specific Information		
REQUESTOR'S AUTHORITY Explain your authority to receive the record you seek below.			

Requestor's Signature	:: 	Date:
Forward request to:	Department of Developmental Services Office of Protective Services 1600 9th Street, Room 300 (MS 3-20) Sacramento, CA 95814 (916) 654-3338 Email: <u>OPS@dds.ca.gov</u>	Yes No Legal Guardian Yes No Conservator If yes, attach copies of letters or court orders.
Forwarded by:		Date:

Print Name and Title