

REQUEST FOR OFFICE OF PROTECTIVE SERVICES INVESTIGATIVE REPORT

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

INVESTIGATIVE REPORT REQUESTED		
Names of Person(s) <i>Involved specify client or staff</i>	Date of Incident	OPS Report Number
Incident Location	Other Specific Information that will help identify this case	

REQUESTOR'S AUTHORITY	
Requestor's Authority <i>Select one box and include the subdivision.</i> Unchecked boxes & blank responses will not be accepted.	Requestor's Purpose <i>Please detail your intended use for the record. note: Not required for GC 6254 (f) requests</i>
<input type="checkbox"/> WIC 4903 (a) () <input type="checkbox"/> WIC 4514() <input type="checkbox"/> GC _____()	

Forward request to: Department of Developmental Services
Office of Protective Services
1215 O Street Room 650, MS 6-30
Sacramento, CA 95814
Office:(916) 654-3338
Email: HQOPS@dds.ca.gov
cc: Jessica.Ross@dds.ca.gov

Do you serve as one of the following:

YES NO Legal Guardian

YES NO Conservator

If yes, attach copies of letters or court orders.

Requestor Signature: _____

Date: _____

Received by: _____

Date: _____

Print Name and Title