

## REQUEST FOR OPS INVESTIGATIVE REPORT

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

INVESTIGATIVE REPORT REQUESTED		
Names of Person(s)	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 from one of the following boxes</i>	Requestor's Purpose <i>Detail your intended use of each record Note: Not required for GC 6254 (f) requests</i>
<input type="checkbox"/> WIC 4903  <input type="checkbox"/> WIC 4514 ( )  <input type="checkbox"/> GC 6254(f)	

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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](mailto:HQOPS@dds.ca.gov)  
 cc: [Jessica.Ross@dds.ca.gov](mailto:Jessica.Ross@dds.ca.gov)

Yes No Legal Guardian  
 Yes No Conservator

If yes, attach copies of letters or court orders.

Forwarded by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Print Name and Title