

ATTACHMENT B

WIA/ARRA Summer Youth Incident Alert Notice Form

1. **LOCAL PROGRAM CONTACT INFORMATION**

Name:

Email Address:

Telephone:

Signature:

2. **INCIDENT DESCRIPTION**

Date: **Time:** **Location:**

Describe the Incident:

3. **MEDICAL AND/OR LAW ENFORCEMENT INTERVENTION?**

If yes, provide reason for intervention:

4. **MEDIA COVERAGE?**

If yes, describe:

5. **CORRECTIVE ACTION TAKEN:**

6. **WIA YOUTH PARTICIPANT INFORMATION**

Name:

Age:

7. **PARENTS NOTIFIED:** Yes No

8. **STATUS AT TIME OF INCIDENT:** (At training location/off site/other)

9. **MEDICAL STATUS:**

10. **LOCAL/STATE INVOLVEMENT:**

11. **RESOLUTION / FOLLOWUP:**

Retain Original Youth Incident Alert Notice at Local Level
Forward copy to:

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Boston, MA 02114
ebartkiewicz@detma.org