



COVID-19 Reporting Form

DATE: _____

1) Agency Information:

- a) Name of agency: _____
- b) Contact name: _____
- c) Contact information: _____

2) COVID-19 Information:

- a) Please report the number of confirmed or presumptive cases of COVID-19 in your agency and whether staff and/or clients have been affected:

- b) Please provide information about any **major** changes to the delivery of services in your agency:

- c) Please provide additional information about what the agency is doing to ensure that services continue to be delivered in a healthy way for staff and clients:

Instructions: please send this completed form to cfs-incidentreporting@gov.mb.ca.

Alternate formats available upon request