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James C. Condos  
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Deputy Secretary

Christopher D. Winters  
Director, Professional Regulation

**State of Vermont  
Office of the Secretary of State  
Professional Regulation  
Investigation Division**

**DRUG DIVERSION REPORTING FORM**

**Date of Report:**

**FACILITY/AGENCY INFORMATION**

**Name of Facility/Agency:**

**Address:**

**Telephone:**

**Fax:**

**Email:**

**Name and Position of Reporting Party:**

**NAME AND QUANTITY OF MEDICATION THEFT/LOSS**

**NAME OF MEDICATION**

**QUANTITY OF THEFT OR LOSS**

**ADDITIONAL INFORMATION**

**Specific date or time period of theft/loss:**

**Were one or more residents/patients directly affected by the theft/loss**

Yes  No

**Name of residents/patients affected by the loss:**

**SUSPECT INFORMATION**

**Name of Licensee/Suspect:**

**Home Address:**

**Telephone Number:**

**Position:**

**SUSPECT INFORMATION**

**Name of Licensee/Suspect:**

**Home Address:**

**Telephone Number:**

**Position:**

*Reports of drug diversion shall be made to the Investigation Division of the Office of Professional Regulation pursuant to 18 V.S.A. § 4218, Enforcement. Reports shall be forwarded to the following: Chief Investigator Amy Carlson, Investigation Division, Fax (802) 828-2389/Telephone (802) 828-2399.*

**BRIEFLY DESCRIBE THE INCIDENT OR EVENTS**

***FOR INCIDENTS REQUIRING AN IMMEDIATE POLICE RESPONSE, PLEASE CONTACT YOUR LOCAL POLICE DEPARTMENT. YOU MUST STILL REPORT THIS INCIDENT AS OUTLINED BELOW.***

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