



State of Vermont
Office of the Secretary of State

Office of Professional Regulation
89 Main St., 3rd Floor
Montpelier, VT 05620-3402

[phone] 802-828-1505
[fax] 802-828-2465
www.sec.state.vt.us

James C. Condos, Secretary of State
Christopher D. Winters, Deputy Secretary
Colin R. Benjamin, Director

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	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	

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 Jamie Palmisano, Fax (802) 828-2389/Telephone (802) 828-0174.

Home Address:

Telephone Number:

Position:

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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