

New York City Department of Health and Mental Hygiene (DOHMH) Child Window Fall Reporting Form

To report a window fall incident, call **646-632-6023** M-F 9AM-5PM. Outside of normal business hours, call 311. Window falls must be reported to DOHMH within **24hrs of the incident**.

After calling to report the incident, fax this completed form to: **347-396-8926 Attn: WindowFall**OR **Send by encrypted email to:** windowfallprevention@health.nyc.gov
For more information, go to **nyc.gov/health** and search for **window guards**.

Individual Reporting Fall Incident							
Name of Individual Reporting Fall Incide	ast) Ph	Phone Number of Individual Reporting Fall		Police Precinct of Fall Incident			
Fall Incident and Hospital Information							
Fall Incident Address (include floor, apt., room, suite, site of fall)			F	Fall Incident City		Fall Incident Zip Code	
Extent of Injury to child involved in fall incident			F	all Incident Type of	Building	Date of Fall (MM/DD/YYY)	
				1 or 2 Family Ho NYCHA Building Multiple Dwelling	g (3+ Units)	/// Time of Fall: □ AM □ PN	
Hospital Name and Address				□ Other Name of Physician in Charge		Hospital Liaison Fax Number	
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Hospital Liaison Name			Н	Hospital Liaison Email Address		Hospital Liaison Phone Num	
Information of the Child (under 16 years of age) Involved in the Fall Incident							
Child First Name Child Last Name				Child Middle Name			
Child Age						Guardian	
Primary Street Address of Child Prim			Primary	ary City of Child		Primary Zip Code of Child	
Parent/Guardian First Name Parent/Guardian Last Name			me	Parent/Guardian Middle Name		Parent/Guardian Phone Number	
Description of Child's Activities	and Witne	ess at Time	of the F	all (Please atta	ach additiona	l pages if needed)	
DOUMH Has Only							
DOHMH Use Only							
Date Received:		Received By (Sign & Date)://					