

Purpose: Use this report to add, continue, clarify, or correct material information associated with an existing primary record.

This report supplements the primary record; it does not replace or alter the original record.

1. RECORD ASSOCIATION

Organization: _____

Primary Record / Incident #: _____

2. PURPOSE OF SUPPLEMENT

Check all that apply.

☐ Narrative Continuation

☐ Additional Information

☐ Clarification

☐ Correction

3. SUPPLEMENTAL INFORMATION

Document the supplemental information clearly and objectively. Distinguish what you personally observed from information received from others. If continuing a narrative, continue from the primary record without unnecessarily repeating information already documented. If clarifying or correcting information, identify the information being clarified or corrected and state the clarification or corrected information.

4. AUTHOR

Completed By: _____

Date Completed: _____ Time: _____