

Data Quality Incident Report

Date _____

Reference Number (CHSI Use Only) _____

<i>Submitted by</i>	<i>Telephone Number</i>	<i>Email Address</i>
Originator/Issue Reported by	Telephone Number	Email Address

 **Please complete the items below that apply to your issue as completely as possible, and when completed, Submit to HIRS@cdph.ca.gov.**

1. Was the issue discovered in data about birth, death, or fetal death? _____
2. Where was the issue discovered? <input type="checkbox"/> Individual Record <input type="checkbox"/> Data File
3. If it is on a certificate or individual record, please identify the certificate by using the State File Number or the Local File Number if the State File Number is not available.
4. If the issue is found in a data file, please provide a copy of the portion of the report demonstrating the issue, or sufficient information for us to locate or recreate the issue by running the report. Please provide: a. The date of the data file _____ b. The title of the data file _____ c. The time period covered by the data file (e.g. calendar years 2011 through 2012). _____ d. The field name/sequence number or the field description as contained in the Data Dictionary _____
Please describe the issue encountered:

For questions on data quality, please contact Public Health Policy and Research Branch office at HIRS@cdph.ca.gov, or call (916) 552-8095.