

# Connecticut Vaccine Program Vaccine Discrepancy Report

If you did not receive all requested doses from this month's vaccine order and wish to file a discrepancy report, please complete the form below and send to the Immunization Program for review. Fax this completed form to 860-509-8371 or e-mail to [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov).

Name of Facility		Date of Order	Completed By		Provider Pin:
Vaccine	Brand Name	Doses Requested	Doses Received	Comments	

