



COMPLAINT OR INCIDENT NOTIFICATION FORM

Region _____ Date/Time _____

Witness/Client Name _____ Age _____

Address _____ Guardian _____
(if applicable)

Person Completing Form _____ Provider _____
(if applicable)

Location of Complaint/Incident _____ Type of Complaint/Incident _____
(Examples on back)

Names of Involved Individuals/Witnesses _____

COMPLAINT/INCIDENT *(What led to issue, description of issue, and after the issue)*

Attach additional pages if needed Signature _____

QAS Notified: Yes No

FOLLOW-UP/RESOLUTION *(Actions taken, preventable measures, follow-up, and resolution) (Written correspondence of resolution will be provided to individual within seven to ten business days.)*

NOTIFIED OF COMPLAINT/INCIDENT (IF APPLICABLE)	NAME	DATE	TIME
Quality Assistance Specialist			
Supervisor			
Department (Children, Adult, MUI)			
Guardian			
Provider			
Team			
Others _____			

QAS Reviewed: (QAS sign only)

Print Name

Signature/Date

RESOLUTION PROVIDED	DATE	TIME
Verbal		
Written		

Type of Complaint/Incident Examples

Incidents

ODMHAS: Suicide (course of treatment); Homicide by client (course of treatment); Death of a client on grounds or in session; Abuse and neglect including allegations of staff (physical, sexual, neglect, defraud); Employee theft of medications; Medication error/ adverse drug reaction resulting in permanent client harm, hospitalization or death and medication diversion; Any type of seclusion or restraints; Sexual Assault by and to anybody in session or on grounds; Physical Assault by and to anybody in session or on grounds; Involuntary termination of treatment without informing client

CARF: Medication errors; Use of seclusion and restraints; Incidents involving injury on grounds during session; Communicable disease concerns; Infection control concerns; Aggression or violence; Use and unauthorized possession of weapons; wandering around office; elopement; Vehicular accidents in course of work day or during session; Biohazardous accidents on grounds; unauthorized use and possession of legal or illegal substances on grounds in session; Abuse/ Neglect; Suicide course of treatment) and Attempted suicide (hospitalization/pink slip); Sexual Assault

Children Services: Abuse (sexual, endangered, physical, verbal, mental, emotional); Neglect (abandoned and lack of care); homeless without parental care; Sexual (contact, conduct, or any type of activity) and exploitation

Adult Services: Abuse (physical emotional sexual); Neglect; Exploitation

County MUI: Accidental or suspicious death; Exploitation; Failure to report; Misappropriation; Neglect; Physical Abuse; Prohibited sexual relations; Rights Code violation; Sexual abuse; Verbal abuse; Attempted suicide; Death other than accidental or suspicious death; Medical emergency; Missing individual; Peer to Peer act (exploitation, theft, physical act, sexual act, verbal act) Significant injury; Law enforcement; Unanticipated hospitalization; Unapproved behavioral support

Complaints

Staff professionalism; complaints from clients or external stakeholders regarding services or staff; Therapy complaints; Case management complaints; Psychiatry Services complaints (NP, MD/DO, Nursing); Deaf Services compliant; HEAL program complaints; Crisis Program complaints; Confidentiality and privacy complaints; Technology IT complaints; Safety Concerns complaint