

# MHA-NE Critical Incident / Complaint Report

**Note:** Complete this report with as much detail as possible so that MHA-NE can adequately address your concern. If the issue being reported contains allegations against the Compliance Officer (Wendi Cohn), your report must be submitted confidentially to Kasey Parker, Executive Director. Please ensure that you email the management team at mhamanagement@mha-ne.org if a non-personnel issue.

**Unless otherwise stated below, reports should be submitted within 3 business days after the occurrence.**

Today's Date: \_\_\_\_\_ Your Name (print): \_\_\_\_\_

Date and Time of incident: \_\_\_\_\_

## Specific location of incident (street, building, room, etc.)

\_\_\_\_\_

### Check off the area that best describes this concern:

- Health and/or safety incident (serious illness, contagious exposure, threats, or violence, building issue)
- Concern about a program at MHA-NE (state program name): \_\_\_\_\_
- Concern about a MHA-NE employee (state their full name): \_\_\_\_\_
- Sexual harassment and/or hostile work environment  Unethical work practices
- Breach of confidentiality/security  Theft  Elopement  Wandering  Death
- Assault Staff on Guest  Assault Staff on Staff  Assault Guest on Guest  Assault Guest on Staff
- Other (describe): \_\_\_\_\_

If you are reporting any of these events.....	Also Attach this Form
<input type="checkbox"/> Injury, accident, or fall while performing work (on or off-site) <i>(This Incident Report must be submitted within 1 business day.)</i>	Submit Work Comp Paperwork Must be submitted within 24
<input type="checkbox"/> Vehicle accident (your car or MHA's) <i>(This Incident Report must be submitted within 1 business day)</i>	Police Report you completed

1. In one or two sentences, what is your complaint, concern, or report about? \_\_\_\_\_

2. Was weather/construction/cleaning etc. a factor in the occurrence of this incident? If yes, please describe. Use additional pages if necessary. \_\_\_\_\_

Was anyone injured?    YES    NO    Name of person injured: \_\_\_\_\_

3. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Briefly describe the nature of the injury: \_\_\_\_\_

- 
5. Was medical treatment administered for the injury? YES NO
6. If so, what individual or organization provided medical treatment? \_\_\_\_\_
7. Is the injured party an employee of MHA-NE? YES \*\*NO \*\*if "Yes," notify MHA Executive Director & HR Director immediately
8. Were there any witnesses to the injury? YES NO If YES:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

9. If the loss is structural in nature or involves equipment, include a list of the items damaged or destroyed. \_\_\_\_\_

10. Were police/emergency services called?\_ YES NO Time/Date Called: \_\_\_\_\_

11. Police Incident Number (if applicable): \_\_\_\_\_

12. Result (taken by ambulance/police, went home, stayed... etc.) \_\_\_\_\_

13. How would you like to see your report resolved? Be specific. \_\_\_\_\_

---

### Your Signature

### Where to File Your Report

You can mail or scan in your report via e-mail to:

Wendi Cohn, Compliance Officer  
MHA-NE  
1645 N Street  
Lincoln, NE 68508  
[compliance@mha-ne.org](mailto:compliance@mha-ne.org)

### Next Steps

You will be notified by e-mail (or by letter if no e-mail is listed) to confirm that your report was received and whether or not additional information is needed. As applicable, a final notice will be sent to you once your report has reached a resolution.

---

### Date

### Questions?

Contact Wendi Cohn at:  
[compliance@mha-ne.org](mailto:compliance@mha-ne.org) or 308-520-3462