

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. All incident reports should be submitted to Wendi Cohn and 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 and Kasey Parker
 MHA-NE
 1645 N Street
 Lincoln, NE 68508
 wcohn@mha-ne.org and kparker@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 or 308-520-3462