

## **Incident and Complaint Form**

#### Incident

Incidents are defined as an action or omission of an action that could have an immediate adverse effect on client health. Incidents may include events such as accidents, injuries, equipment malfunction, medication errors or the neglect /maltreatment of the client as defined by Minnesota Statute. Incidents also include any attempt by the client to injure him/herself.

When an incident occurs, employees must:

- 1. Report the incident **within 24 hours** to Communities of Care office. Reports can be made by faxing the front page of this form (651-482-0280) or calling the incident in to the office.
- 2. Communities of Care will investigate all reported incidents and take any appropriate corrective or disciplinary action, up to and including termination of employment. Communities of Care will begin investigation all incidents within 1 working day of the report.

#### **Complaint**

Complaints, also called grievances, are defined as an event or trend that is inappropriate in a professional healthcare setting but does not create immediate adverse effect on client health. Examples include discrimination, harassment, inappropriate behavior, lack of professionalism (clinical or non-clinical), or boundary violations. Complaints should be reported as promptly as possible. Communities of Care will begin investigation of all complaints within 3 working days of the report.

#### **Protection for Reporters**

Employees or Clients who experience or witness incidents or grievances should object to the event/behavior and report it to Communities of Care. Employees and Clients can raise concerns and make reports without fear of reprisal. Information will be revealed only on a need-to-know basis. Communities of Care will not condone retaliation against any Employee or Client who reports possible discrimination, harassment, maltreatment, neglect or other inappropriate behavior, or who assists with an investigation.

### **Nurses Are Mandated Reporters of Abuse and Neglect**

Failure to report abuse or neglect can constitute a misdemeanor and may expose a person to potential civil damages.

Intentional false reporting is a misdemeanor, and the person filing the false report may be liable for actual civil damages suffered by the person/persons so reported.

### **Complaints about Communities of Care**

Clients or Employees may file a complaint about Communities of Care by completing a Complaint Form and sending it to Justin Greiman, President of Communities of Care. Additionally, complaints about Communities of Care can be directed to:

Office of Health Facility Complaints (OHFC)

85 East 7th Place, Suite 220

P.O. Box 64970

St. Paul, MN 55164-0970

St. Paul, MN 55164-0970

651-431-2555 office

St. Paul, MN 55164-0970 651-431-2555 office 651-201-4201 office, 651-281-9796 fax 1-800-369-7994 toll free 1-800-657-3591 toll free



# **Incident and Complaint Policy**

Person completing form	
Phone	
Date of report	
Date of event	
Client and/or Nurse(s)	
involved	
Please choose one; see front p	age for complete definitions
☐ Incident - Action or o	mission of an action that could potentially have an immediate adverse effect on
	ne client injured? Yes / No
	or trend that is inappropriate in a professional healthcare setting but does not
•	erse effect on client health.
create illillediate adve	erse effect on client fleath.
Description	

- Fax this form to 651-482-0280; use additional paper as needed. If no fax available, call office to report.
- Incidents must be reported within 24 hours of event.
- Complaints can be reported at any time.