

Pertinent patient characteristics at the time of incident (Check all that apply)	
<input type="checkbox"/> Agitation/combativeness	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Altered level of consciousness	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Pain
<input type="checkbox"/> Communication/language difficulty	<input type="checkbox"/> Sensory deficits
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> None
<input type="checkbox"/> Inadequate coping/stress management	<input type="checkbox"/> Unknown
Patient Harm	
<input type="checkbox"/> No harm - An error occurred but with no harm to the patient	
<input type="checkbox"/> Harm - An error occurred which caused a minor negative change in the patient's condition.	
<input type="checkbox"/> Significant harm - Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb.	
<input type="checkbox"/> Patient death - An error occurred that may have contributed to or resulted in patient death.	
PRACTICE BREAKDOWN INFORMATION	
Did the reported event involve intentional misconduct or criminal behavior? (Please check all that apply)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Theft (including drug diversion)
<input type="checkbox"/> Yes: Changed or falsified charting	<input type="checkbox"/> Yes: Patient abuse (verbal, physical, emotional or sexual)
<input type="checkbox"/> Yes: Criminal conviction	<input type="checkbox"/> Yes: Other - please specify _____
<input type="checkbox"/> Yes: Deliberately covering up error	<input type="checkbox"/> Unknown (if you select this option, do not select any other.)
<input type="checkbox"/> Yes: Fraud (including misrepresentation)	
Did the practice breakdown involve a medication error?	Was a documentation error involved?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Statement of Complaint

Provide a detailed description of the practice breakdown/event of concern with as much relevant information as possible. You may attach additional pages or relevant employee/patient records. Patient identifiers may be removed from records. The Board will review your report, but does not routinely contact complainants for additional information.

***The Board is participating in an important study of the National Council of State Boards of Nursing ("NCSBN") analyzing factors that may contribute to nursing practice breakdown. The report you submit may be included in the study database. No identifying information you include will be submitted to the NCSBN (see "TERCAP" on MBN website in the Practice link for additional information).*

Signature-Complainant

Date

Notice of Rights: This form is offered so the Board may properly and thoroughly evaluate and investigate this report, and if necessary, use this information in any administrative or legal proceeding. Recognizing the Board's need to verify and potentially legally pursue this report, I authorize the Board, its agents, and/or agents of the Office of the Attorney General representing the Board to disclose this information and to those they reasonably believe have a need to know. This document is available in alternative formats to individuals with disabilities by calling the number on the front page.