## Region V Systems Incident / Complaint Report

**Note:** Complete this report with as much detail as possible so that Region V Systems can adequately address your concern. If the issue being reported contains allegations against the Corporate Compliance Officer (Kim Michael), your report must be submitted confidentially to C.J. Johnson, Regional Administrator.

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

Today's Date:	Your Name (prir	nt):	
If you are <u>not a Region</u>	V Systems employee, p	provide the fol	lowing:
Telephone # where you can be	e reached during the day: (	)	
E-mail address:		@	Do not have e-mail.
Complete mailing address:			
<ul> <li>Health and/or safety incider</li> <li>Client-related incident</li> <li>Concern about a program a</li> <li>Concern about a Region V e</li> <li>Concern about an agency Region V e</li> <li>Sexual harassment and/or h</li> <li>Unethical work practices</li> <li>Breach of confidentiality/se</li> <li>Theft</li> </ul>	mployee (state their full name): egion V Systems funds (state age ostile work environment	s exposure, threat: ): ency name):	
If you are rep	orting any of these even	ts	Also Attach this Form
	hile performing work (on or off- be submitted within 1 business day.	-	WCC Form 1 (NE Workers' Comp) Employees ONLY)
Vehicle accident (your ca (This Incident Report must)	nr or Region V's) be submitted within 1 business day)		olice Report you completed

1. What was exact date and time incident occurred?

2. In one or two sentences, what is your complaint, concern, or report about?

<sup>3. &</sup>lt;u>Attach a typed separate sheet of paper</u> to explain <u>in detail</u> the circumstances that led to this issue. If you are with the FYI program <u>and</u> this is a client-related incident, you must also complete FYI Form 1 with this report <u>and</u> provide to your supervisor within 1 business day. Final report must be submitted to Kim Michael within 2 business days of the incident occurring.

4.	Is there a way to verify this report (other staff, documents, etc.)? $\ \square \ { m Yes} \ \square \ { m No}$
	If yes, who or what?
5.	Does this incident identify any potential causes or trends? (e.g., has this happened before?) If yes, describe when and what happened:
6.	Does this impact Region V Systems?
	If yes, explain how:
7.	Is the individual(s) whom this report is about aware of this issue? $\Box$ Yes $\Box$ No $\Box$ N/A

- 8. What steps, if any, have been taken to address the issue with the employee(s) involved? (Explain)  $\Box$  N/A
- 9. How would you like to see your report resolved? Be specific.

**Your Signature** 

Date

## Where to File Your Report

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

Kim Michael, Corporate Compliance Officer Region V Systems 1645 N Street Lincoln, NE 68508 <u>kmichael@region5systems.net</u> **Questions?** 

Contact Kim Michael at:

kmichael@region5systems.net or 402-441-4343

## 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.

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