

MONTANA DEVELOPMENTAL CENTER

Mistreatment, Neglect, Abuse, Injuries of Unknown Source

ALLEGATION NOTICE FORM

(Revised 03/06/2015)

This document constitutes Quality Assurance Data as defined in Sec. 50-16-201, MCA. These records are confidential, and are not discoverable or admissible in evidence in any judicial proceeding. They are disclosed to a Protection and Advocacy System under federal law, for the sole purpose of the System's investigation of allegation of abuse or neglect of persons with disabilities. The P&A System has the same duty to maintain strict confidentiality of this material as the originating facility. The information in these documents may not be reproduced, extracted, copied or redisclosed, including to the subjects of the Data, under any circumstances.

Client Name: Unit:

Name of Person(s) Alleged to have Caused Harm:

Description of the allegation (include name and position of the person reporting the event):

Date of Alleged Event: Date of Report:

- Reasonable suspicion of crime against client **involving** serious bodily injury
- Reasonable suspicion of crime against client **not involving** serious bodily injury
- Allegation of **Mistreatment, Neglect, Abuse, Exploitation**
- Allegation of **Sexual Assault, Sexual Contact, Sexual Intercourse without consent, Indecent Exposure**
- Allegation of client on client harm
- Injury of Unknown Source

Notice To:

<input type="checkbox"/> Superintendent by epass	<input type="checkbox"/> Department of Justice by epass
<input type="checkbox"/> Quality Assurance Division (for ICF-DD clients) by epass	<input type="checkbox"/> State Survey Agency (for ICF-IID clients) by epass
<input type="checkbox"/> Director of DPHHS by epass	<input type="checkbox"/> Governor's Advisor by epass
<input type="checkbox"/> Department Attorney by epass	<input type="checkbox"/> Division Administrator by epass
<input type="checkbox"/> Branch Manager by epass	<input type="checkbox"/> Client Service Coordinator epass
<input type="checkbox"/> QIDP by epass	<input type="checkbox"/> Quality Management Director by epass
<input type="checkbox"/> Clinical Director by epass	<input type="checkbox"/> Long Term Care Ombudsman by epass
<input type="checkbox"/> Board of Visitors by epass	<input type="checkbox"/> Disability Rights Montana by epass
<input type="checkbox"/> Law Enforcement by fax	<input type="checkbox"/> County Attorney by fax
<input type="checkbox"/> Quality Assurance Tech by epass	<input type="checkbox"/> Other: <input type="text"/>

Protection provided to person alleged to have been harmed:

- Reassigned to another residential unit.
- Reassigned to non-client contact.
- Placed on administrative leave.
- Leave employee in assigned work area.
- Provided Increased Supervision of Client(s):

Name and title of MDC employee(s) completing notice form, include date:

For Additional Information Contact:

Quality Management Director
Montana Developmental Center
P.O. Box 87
Boulder, MT 59632
(406) 225 - 4528