

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH



MAJOR AND UNUSUAL INCIDENT FOLLOW-UP REPORT FORM

GENERAL INSTRUCTIONS:

Complete and return to the DMH OA within 10 days from the date the incident was reported to DMH OA only if full details, final disposition, etc. were not initially provided. Please include full details of the incident and of the final disposition, a summary of actions taken by management officials, and any additional corrective actions taken.

Name: _____ Date of Incident: _____

Provider Name: _____

Provider Address: _____

Date of Follow-Up Report: _____

Name of Person Providing Information: _____ Title: _____

Phone # of Person Providing Information: _____ Investigation Conducted: Yes No

Investigation Report sent to DMH? Yes No When sent to OA: _____

(1) Findings/complete details:

(2) Final disposition:

(3) Summary of Management/Corrective Actions

Preparer's Name: _____ Title: _____

Contact email _____ Tel. #: _____

Supervisor's Name: _____ Title: _____

Risk Manager/Designee Reviewed, Date: _____ Initial: _____

FORWARD A COPY OF THIS FORM TO: DMH OFFICE OF ACCOUNTABILITY
64 NEW YORK AVE., 4th FL., NE, WASH., DC, 20002
TEL. (202)673-2292 (during normal business hours 8:30am to 5pm) and 1(888)793-4357 (non-business hours)
FAX (202)-673-2191, email: MRI.OA@dc.gov
Electronic version of this form is available

In addition to reporting MRIs to the DMH Office of Accountability, based on specific contract requirements, certain contractors are to provide copies of incident logs, on a monthly basis, to: DMH Office of Programs and Policy, 64 NEW YORK AVE., 4th fl., NE, WASH., DC, 20002. Tel. (202)-671-2900 and (Fax) 671-2971