

Please submit all complaints/facility reported incidents via the complaint hotline fax or email.

Fax: (785) 296-0256

Email: kdads.complainthotline@ks.gov

Entity Reports and Complaint Data Collection

The following are a list of data points that the complaint hotline collects on all complaints/facility reports. Please provide as much information as possible for the following data points in your submission.

- NAME OF COMPLAINANT
- NAME OF RESIDENT
- BIMS/COGNITION
- DATE OF BIRTH
- DPOA/GUARDIAN (name and relationship)
- DATE OF ADMISSION
- PERTINENT DIAGNOSIS (PLEASE ONLY THE PRIMARY ONES. WE DO NOT NEED THE ENTIRE LIST)
- IS THE RESIDENT CURRENTLY IN THE FACILITY
- IF NOT IN THE FACILITY WHERE AND WHEN DID THEY GO?
- INCIDENT TYPE (i. e. fall with injury; missing money; verbal abuse etc)
- INCIDENT DATE, TIME, AND LOCATION
- DOCUMENTATION OF INCIDENT TO INCLUDE NAMES AND TITLES OF PERSONNEL INVOLVED, WHAT HAPPENED, WHEN, WHY, HOW AND WHERE. INCLUDE WHO NOTIFIED THE DON OR ADMINISTRATOR
- CURRENTLY CARE PLANNED FOR (PRIOR TO INCIDENT)
- CHANGES IN CARE PLAN (AFTER THE INCIDENT)
- WERE THERE ANY INTERVENTIONS PUT IN PLACE TO PREVENT THE INCIDENT FROM HAPPENING IN THE FUTURE
- **When submitting a report (whether it be by email or fax) please be sure to include your name, the name of the facility in which you are reporting, facility address, and a phone number by which you can be contacted).**