



**MANDATORY REPORT BY NATIONAL PRACTITIONERS
DATABANK AND PROFESSIONAL ASSOCIATIONS**

Entities Reporting Licensed Health Professionals for adverse judgment or settlement as a result of a suit, claim or violation providing required details as to the results of the adverse judgment, to Division of Public Health Investigations Unit.

STATE OF NEBRASKA Name and address change eff 7/1/07 per LB296
 DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH
 Office of PROFESSIONAL & OCCUPATIONAL INVESTIGATIONS
 1033 O Street, Suite 500 Lincoln, Nebraska 68508
 402-471-0175

Identifying Information for Person I am Reporting

Name	First:	Middle/MI:	Last:	Maiden:	Date of Birth:
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Where did the Incident Occur?

Facility: _____

Address: _____

Patient or Client

Name:	Date of Birth:
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Address: _____

List all Persons Present at time of Incident that would have Firsthand Knowledge of the Incident.

Name	Title	Address

Reporting Party

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone No.	FAX No.
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E-mail Address: _____

Relationship to Health Care Professional being Reported: _____