Ohio Mental Health and Addiction Services

Major Unusual Incident (MUI) Report Form

Name of Agency:

Provider/Certification No.

☐ Outpatient ☐ Residential ☐ Detoxification ☐ Driver Intervention Program

☐ TASC ☐ Prevention ☐ Therapeutic Community ☐ Methadone

Date of MUI Report Written: Date of MHAS Notification:

Date of MUI: Time of MUI: Date of Discovery:

Type of Major Unusual Incident:

☐ Verbal Abuse ☐ Client Neglect ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Injury

☐ Death ☐ Other:

The Victim(s) or Alleged Victim(s) were:

☐ On Program Premises ☐ Performing Tasks for the Program ☐ Participating in Program Activities

Victim(s) or Alleged Victim(s):

☐ Client ☐ Employee ☐ Contract Staff Member ☐ Volunteer ☐ Student Intern

☐ Other: ☐ Other:

Victim(s) 42 CFR Compliant ID# (no names):

Perpetrator(s) or Alleged Perpetrator(s):

☐ Client ☐ Employee ☐ Contract Staff Member ☐ Volunteer ☐ Student Intern

☐ Other: ☐ Other:

Perpetrator(s) Name or Client's 42 CFR Compliant ID#:

Select one, and describe and elaborate on MUI in detail (use additional sheet if needed):

☐ Allegation (not verified by second person) ☐ Corroborating Observation (two persons) ☐ Observable Evidence (Bruises etc.)

Signed By

Date

MUIs may be submitted in one of the following three ways:

Fax : (614) 485-9737 **E-mail**: IncidentReport@mha.ohio.gov

Mail: OhioMHAS, Licensure and Certification, 30 E Broad St., Ste. 742, Columbus, Ohio 43215