

Initial Allegation of Mistreatment, Abuse, Neglect, or Theft Reporting Form

After you have provided all information requested in the table below, please click the submit button.

OR

FAX number – 701.328.1890 attention Bruce Pritschet

1.	Name of facility and phone number	Facility Name	Phone
2.	Caller's first and last name	First	Last
3.	Email address for feedback from department	Email	
4.	Name of CNA or person you are investigating (Correct spelling)	First	Last
5.	CNA registry number and/or social security number	CNA #	SSI #
6.	Name of resident(s) involved in incident (first name –last initial)		
7.	Name of witness(es)		
8.	Date and time of the allegation (incident)		
9.	Briefly describe the alleged incident and/or injury		
10.	How do you plan to protect all residents during the time you are investigating this allegation?		
11.	Was local law enforcement notified? (for allegations of theft or sexual abuse)		
			Today's Date