



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

Division of Public Health

Investigations - Healthcare Professionals and Occupations

Supplemental Report by a Licensed Facility/Organization and NPDB

Entities reporting Licensed Health Professionals for adverse action, judgment, or settlement, as a result of a suit, claim or violation, to the Division of Public Health - Investigations Unit.

State of Nebraska
Department of Health and Human Services, Division of Public Health
Office of Professional & Occupational Investigations
P.O. Box 94722, Lincoln, Nebraska 68509
Phone: 402-471-0175
Fax: 402-742-8335
Email: DHHS.InvestigationsPOL@nebraska.gov

Identifying Information for Professional I am Reporting:

Form with fields: Prefix, First Name, Last Name, Middle Initial, Suffix, Primary Phone, Alt Phone, Fax, Email Address

Physical Address:

Form with fields: Address Line 1, Address Line 2, City, State, Zip Code

Is Mailing Address the same as Physical Address? [ ] Yes [ ] No

Mailing Address:

Form with fields: Address Line 1, Address Line 2, PO Box, City, State, Zip Code

Where did the incident occur?

Form with fields: Facility, Address

Patient or Client

Form with fields: Name, Address

List all persons present at time of incident that would have first-hand knowledge of the incident			
Name			
Title		Phone	
Address			
Name			
Title		Phone	
Address			
Name			
Title		Phone	
Address			
<b>Reporting Party Information</b>			
Business Name*			
Contact/Owner Prefix	Contact/Owner First Name*	Contact/Owner Last Name*	Contact/Owner Suffix
Primary Phone	Alt Phone	Fax	
Email Address			
<b>Physical Address</b>			
Address Line 1		Address Line 2	
City	State	Zip Code	
Is Mailing Address the same as Physical Address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Mailing Address</b>			
Address Line 1		Address Line 2	
PO Box	City	State	Zip Code

Relationship to Health Care Professional
Preferred Method of Contact
Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACH COPY OF NPDB (National Practitioner Data Bank) REPORT*
The statements I have made are true and correct to the best of my knowledge.
Please sign your name below.*
Date Signed*