Provider Annual Report of Human Rights Activities

Name of Provider:_____

Local Human Rights Committee:_____

Name of Provider LHRC Liaison:_____

Name of Licensing Specialist:_____

Number of individuals served by provider this year:_____

Year:___

Status of Allegations of Abuse and Neglect

Number of Abuse Allegation cases:_____

Cases Pending:_____

Cases Closed:_____

Total Counts Alleged by Type:

Physical:_____   Sexual: _____

Verbal: _____   Neglect:_____

Neglect (Peer to Peer: _____

Exploitation:_____

Other: _____   Restraint:_____

Total Counts Occurred by Type:

Physical:_____   Sexual: _____

Verbal: _____   Neglect:_____

Neglect (Peer to Peer):_____

Exploitation:____

Other: _____   Restraint:_____

Status of Complaint Cases

Total of Complaint Cases :_____

Number of cases resulting in a violation:_____

Cases Pending: _____

Cases Closed:_____

Complaint Category Totals:

Assurance of Rights:_____

Dignity:_____

Services:_____

Participation in Decision Making;_____

Confidentiality:_____

Access to and Amendment of Services record:_____

Restrictions on Freedoms of Everyday Life:_____

Use of Seclusion Restraint and Time Out:_____

Work:_____

Research:_____

Department of Behavioral Health and Developmental Services
Office of Human Rights

Complaint and Fair Hearing;_____
Determination of Capacity to give consent:_____
Authorized Representatives:_____
Complaint Resolution:_____
Reporting Requirements:_____

Complaint Resolution Level:
Total Number of complaints resolved in the Informal Process: _____
Total Number of complaints resolved in the Formal Process: _____

Below Director:_____
Director:_____
Commissioner:_____
LHRC:_____
SHRC:_____