

* **CONFIDENTIAL** *

MARQUETTE GENERAL HEALTH SYSTEM

MEDICAL STAFF CONDUCT INCIDENT REPORT

It is the policy of Marquette General Health System to treat all individuals on its premises with respect, courtesy, and dignity. All employees, medical staff members, and other caregivers at Marquette General Health System must behave in accordance with the institution's policies and act professionally and cooperatively at all times. When a member of the hospital community observes a lapse in proper conduct, he or she has a responsibility to report it directly to a supervisor using the following incident report form. All reports of improper or disruptive conduct will be investigated. It is the policy of this institution to prohibit retaliation for such reporting, and those making reports will not be subject to any adverse action for exercising this responsibility.

If you observe an occurrence of unprofessional conduct, please answer the questions below in as much detail as possible. Additional comments may be appended to this form.

1. Date of Incident: _____ Time of Incident: _____

2. Location of Incident: _____

3. Name of individual engaging in improper conduct:

4. Names of other parties involved in the incident (including employees, staff, patients):

5. Identify any other parties who witnessed this incident:

6. Describe the circumstances surrounding the incident and the specific unprofessional behavior observed (*limited to factual, objective language*):

7. Describe any disruption of hospital operations that resulted from this incident:

8. Describe any impact relative to patient care resulting from this incident (*include name of patient*):

9. Identify any interventions taken to address this incident at the time of occurrence or immediately following the event, including comments to the involved parties, reprimands, discussions with patients or supervisors, other written reports or documentation, etc.:

(attach additional sheet if necessary)

Submitted by: _____
Name and Title

Department: _____ Date completed: _____

Work phone #: _____ Home phone #: _____

Name of Person Receiving Report: _____

Date/Time Received: _____

Referred to: _____ Date/Time: _____