



**STATE BOARD OF HEALING ARTS**

**REPORT OF ADVERSE FINDINGS**

Pursuant to K.S.A. 65-28,121 and 65-4923(a)(1) and (a)(2)

This information must be provided to the State Board of Healing Arts within 30 days whenever the privileges of any person licensed to practice the healing arts are terminated, suspended, or restricted, whenever practice privileges are surrendered or limited, or whenever there is a finding of standards of care not met, with injury occurring or reasonably probable; or possible grounds for disciplinary action. **Mail to: Complaint Coordinator, Kansas State Board of Healing Arts, 800 S.W. Jackson, Lower Level – Suite A, Topeka KS 66612; Telephone (785) 296-7413**

Reporting Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Include Name / Title

Address: \_\_\_\_\_  
Include Street, City, State and Zip

Date of Incident: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Medical Record No.: \_\_\_\_\_  
Last 4 Only

Location of Incident: \_\_\_\_\_

Licensee Involved: \_\_\_\_\_  
Include Name and License Number (Use a separate form for each licensee involved.)

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Sanction, Corrective or Disciplinary Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the internal review process been completed? \_\_\_\_\_  
\_\_\_\_\_

Additional records relevant to this incident (other treatment, coroner, external consultant, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_