

Cover Page
Confidential Quarterly Report Pursuant to KSA 65-4923(d)

Reporting Year _____ Reporting Quarter _____

Name of Facility _____

Address _____

Name of Risk Manager _____

Email Address _____

Contact Phone Number _____

Return this report
along with the
the Cover Sheet to:

Kansas Department of Health and Environment
Bureau of Community Health Systems
Risk Management Program
1000 SW Jackson Street, Suite 330
Topeka, Kansas 66612-1368

or

E-mail report to llee@kdheks.gov (to confirm receipt of the quarterly report) or you may fax report to (785) 291-3419
(Faxed reports are not confirmed).

6. **Please complete for each SOC listed on the previous page.** Make extra copies of this page if necessary.

Incident #	Event Date	Provider Name/License Type and #	SOC Determination

Facts of the Incident (Description)

Actions Taken to Prevent Recurrence

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Facts of the Incident (Description)

Actions Taken to Prevent Recurrence