


NF07[*] Form	Health Information and Quality Authority Allegation of misconduct[†] by the registered provider or by a member of staff	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
--	--	--

Section 1. Centre details			For official use
Centre name			<input type="checkbox"/>
Centre ID (OSV)			<input type="checkbox"/>
Unit or ward name (if applicable)			<input type="checkbox"/>

Section 2. Allegation of misconduct				For official use
Date of alleged misconduct		Date allegation reported		<input type="checkbox"/>
Who is the person that reported the allegation of misconduct?	Resident		<input type="checkbox"/>	<input type="checkbox"/>
	Nursing staff		<input type="checkbox"/>	
	Care staff		<input type="checkbox"/>	
	Administrative staff		<input type="checkbox"/>	
	Visiting consultant		<input type="checkbox"/>	
	Relative		<input type="checkbox"/>	
	Friend		<input type="checkbox"/>	
	Volunteer		<input type="checkbox"/>	
	Other		<input type="checkbox"/>	

^{*} Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.hiqa.ie

[†] As defined in the Authority's statutory notification guidance.

Section 2. Allegation of misconduct			For official use
If you have ticked other , please provide details:			<input type="checkbox"/>
Who has the allegation of misconduct been made against?	Registered provider	<input type="checkbox"/>	<input type="checkbox"/>
	Staff member or staff members	<input type="checkbox"/>	
If a staff member or staff members, what is their role or roles at the designated centre?			<input type="checkbox"/>
Is there an An Garda Síochána vetting report on file for the staff member or staff members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Is the staff member or staff members currently reporting for duty ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. Details of the alleged misconduct		For official use
Please provide details of the alleged misconduct:		<input type="checkbox"/>

Section 3. Details of the alleged misconduct	For official use
<p>What immediate actions have you taken?</p>	<input type="checkbox"/>
<p>Please provide an outline of the internal investigation and actions taken with the person or persons the allegation has been made against:</p>	<input type="checkbox"/>
<p>Please state the measures you have taken to ensure that all residents[‡] are safe?</p>	<input type="checkbox"/>

[‡] Please note you are required to notify the Authority of any alleged abuse of a resident via an NF06 or any serious injury to a resident via an NF03.

Section 3. Details of the alleged misconduct

For
official
use

Please include any **additional information** applicable to this notification:

Section 4. Follow up documentation

Please submit the following documentation to the Authority within **20 working days** of this notification:

1. A copy of the registered provider's **internal investigation report** into the allegation of misconduct.
2. Where the internal investigation report is **not complete**:
 - a copy of the **draft report** outlining the steps that have been taken
 - the **reasons** why the internal investigation report is not complete
 - the **next steps** the registered provider intends to take to ensure the safety of the residents.

Section 5. Declaration		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/>	<input type="checkbox"/>
	Authorised person <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return the completed, signed form by email to notify@hiqa.ie or by post to:

Notifications Team
 Health Information and Quality Authority
 Dublin Regional Office
 George's Court
 George's Lane
 Smithfield
 Dublin 7

Tel: 01 814 7400