

**Office of Professional Regulation  
MANDATORY REPORT OF DISCIPLINARY ACTION**

**3 V.S.A. §128**

**§128. Disciplinary action to be reported to board**

(a) Any hospital, clinic or other health care institution in which a licensee performs professional services shall report to the appropriate board, **along with supporting information and evidence**, any disciplinary action taken by it or its staff which significantly limits the licensee's privilege to practice or leads to suspension or expulsion from the institution. The report shall be made within ten (10) days of the date such disciplinary action was taken. This section shall not apply to cases of resignation or separation from service for reasons unrelated to disciplinary action (emphasis added).

**NOTE: Send this report and associated documents within 10 days of the date the disciplinary action was taken.**

<b><u>Mail</u></b>	<b><u>Email:</u></b>	<b><u>Fax:</u></b>
Office of Professional Regulation 89 Main St – 3 <sup>rd</sup> Floor Montpelier, VT. 05620-3402	<a href="mailto:opr.complaints@sec.state.vt.us">opr.complaints@sec.state.vt.us</a>	(802) 828-2389

**Type or Print legibly**

**A. Professional Information - (Name of the person you are reporting)**

Last Name	First Name	MI	
Profession	License Number	Job Title	
Mailing Address (PO Box, Street Number and Name)			
City	State	Zip Code	
Work Telephone	Home Telephone	Cell #	E-Mail (personal if known)

**B. Complainant (Your) Information**

Last Name	First Name	MI	Title/License Type
Facility Name / Mailing Address (PO Box, Street Number)			
City	State	Zip Code	
Work Telephone	Home Telephone	Cell #	E-Mail

**C. Witness Information: Please list people who observed or heard the conduct being reported.**

**First Witness**

Last Name	First Name	MI	Title / License Type	
Mailing Address (PO Box, Street Number and Name)				
City		State	Zip Code	
Home Telephone	Work Telephone	Cell	E-Mail	

**Second Witness, if any**

Last Name	First Name	MI	Title/License Type	
Mailing Address (PO Box, Street Number and Name)				
City		State	Zip Code	
Work Telephone	Home Telephone	Cell #	E-Mail	

**Additional Witnesses, if any: Use separate sheet if necessary.**

**Please answer the following questions:**

Hire Date: \_\_\_\_\_

Disciplinary Action Date: \_\_\_\_\_

Termination Date (if terminated): \_\_\_\_\_

Has this employee been disciplined before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**IF YES**, please submit **disciplinary/corrective action and error or event reporting forms** with this mandatory report.

Is the current conduct a continuing pattern related to a previous discipline? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**IF YES**, please submit all documents collected and or created during the course of the investigation with this mandatory report.

Have you conducted an internal investigation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**IF YES**, please submit all documents from that investigation with this mandatory report.

Was a written statement obtained from the employee being reported? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**IF YES**, please submit with this mandatory report.

D. **Description of Disciplinary Action** (TYPE or PRINT) Describe in detail what the licensee did or did not do, and why this resulted in employer discipline. Include **dates** and any **witnesses** for each event. (Use separate sheets of paper if necessary):

E. Attach copies of **related documents and records** obtained during the course of the investigation. Include **signed and dated statements**, if obtained, from the **licensee** and any **witnesses**.

Additional documentation to be submitted with this mandatory report (if applicable):

- Patient records (provider orders, plan of care, assessment data, medication administration records, narrative notes)
- Related documents, such as memos, e-mails, text messages, social media screen shots
- Employee performance evaluation and counseling reports
- Relevant facility policies and procedures

F. Was this matter reported to: Law Enforcement or a VT State Agency (such as DAIL, DCF)?      Yes      No

If yes, specify agency:

**Statement of the Complainant (person filing this complaint)**

I understand that my name, the summary of this complaint, and supporting documents enclosed with this complaint, may be sent to the person or business (Respondent) who is the subject of this complaint.

**Yes (Check Prior to Continuing)**

Signature of Complainant	Date (MM/DD/YYYY)

Submit Complaint by E-Mail