Reporting Suspected Abuse or Neglect in Michigan:

A Guide to Online Reporting

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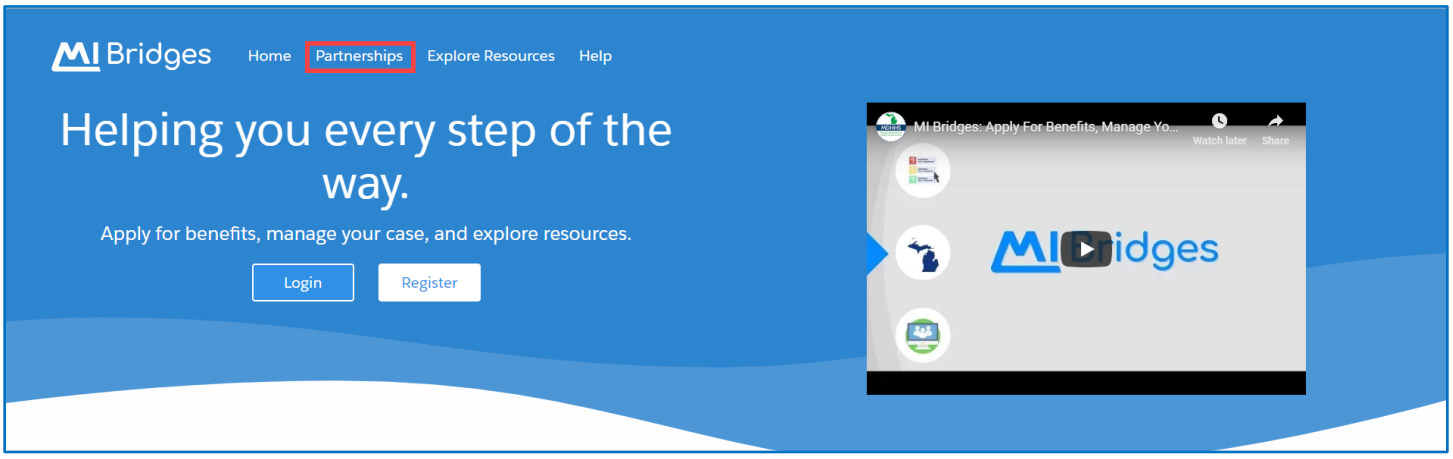
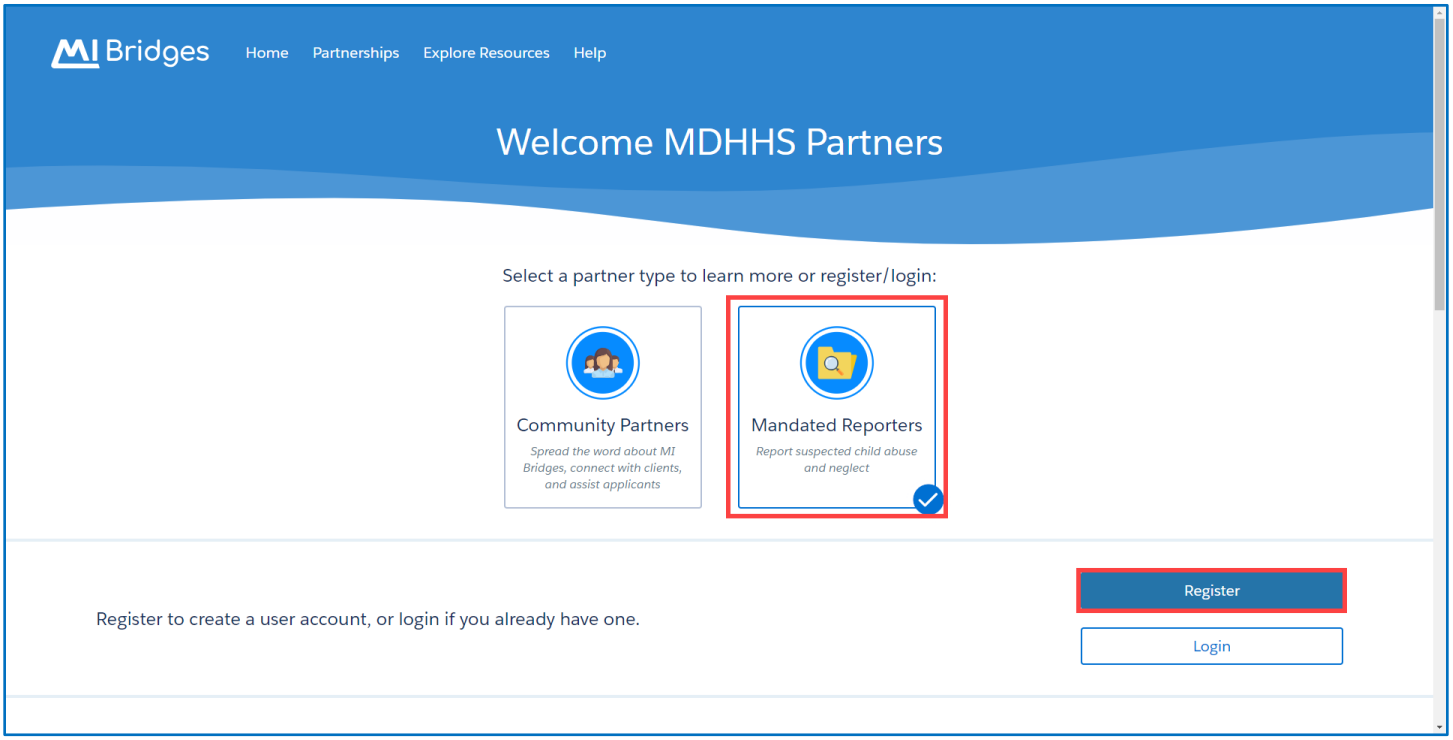
Create an Account

To use the Michigan Online Reporting System for the first time, you must create a password-protected account and profile on MiBridges for your security and convenience. To create your account, go to www.michigan.gov/mandatedreporter and click the link to access the Online Reporting System through MiBridges. On the MiBridges home page, click on **Partnerships.** Then, click on **Mandated Reporters** and **Register**. MiBridges will guide you through the registration process.





Personal Information

First, enter your name, phone number, email, and answer the robot question. The information you enter here will save to your profile in the Online Reporting System and will prefill as your contact information when you enter a complaint. If you need to update this information later, you can do so within the Online Reporting System. You will need to review and accept the **Terms and Conditions** and click **Next** to continue.

Account Registration

Personal Information

* = Required

First Name *

John

Last Name *

Smith

Contact Details

MI Bridges can send you updates about your account and help reset your password if you provide your cell phone number and email.

Primary Phone Number *

111-222-3333

Secondary Phone Number

Email

smithj@michiganhospital.com

Robot Question

To prove you are not robot, please solve the question below.

Which word starts with the letter "s": coat, shirt, or jacket? *

shirt

☑ I agree to the Terms and Conditions. *

Back

Next

Security Questions

The username and password you create here will be used to login to the Online Reporting System. The security questions will be used if you forget and need to recover your username or password. Click **Next** to continue.

Username and Security

Username and Password

* = Required

Password Guidelines

Password must be 8 characters, not based on username, and include characters from 3 of the following categories:

- Upper case letters (A-Z)
- Lower case letters (a-z)
- Numbers (0-9)
- Special Characters (!$#,%@~^&*_-+=><)

Username *

JSmith2018

Username is available!

Password *

••••••••

Retype Password *

••••••••

Security Questions

Providing the information below helps us recover your username and password.

Security Question 1 *

What was the make of your first car?

Answer *

F

Security Question 2 *

In what city were you born in?

Answer *

G

Security Question 3 *

What is the middle name of your youngest sibling?

Answer *

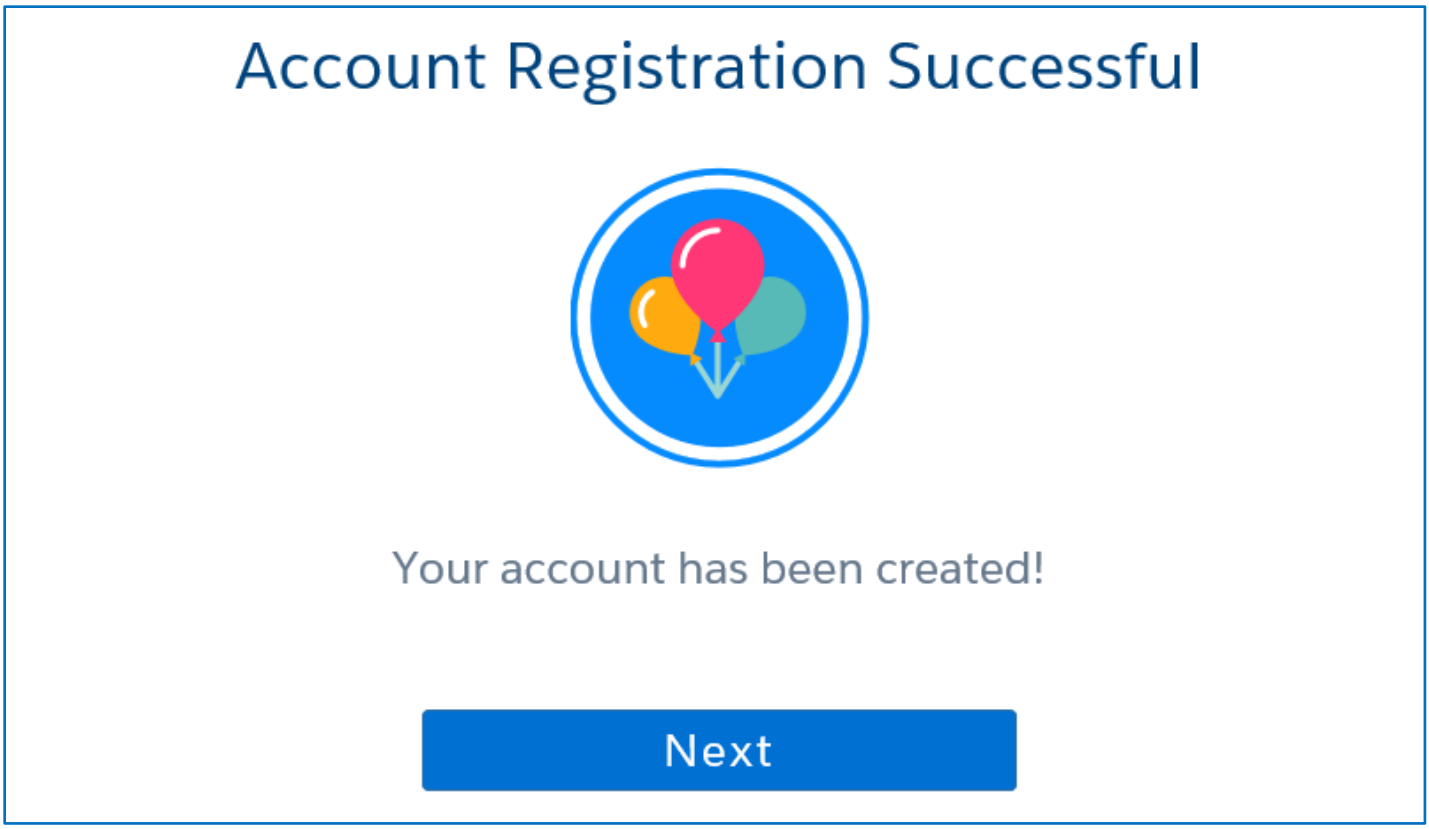
J

Back

Next

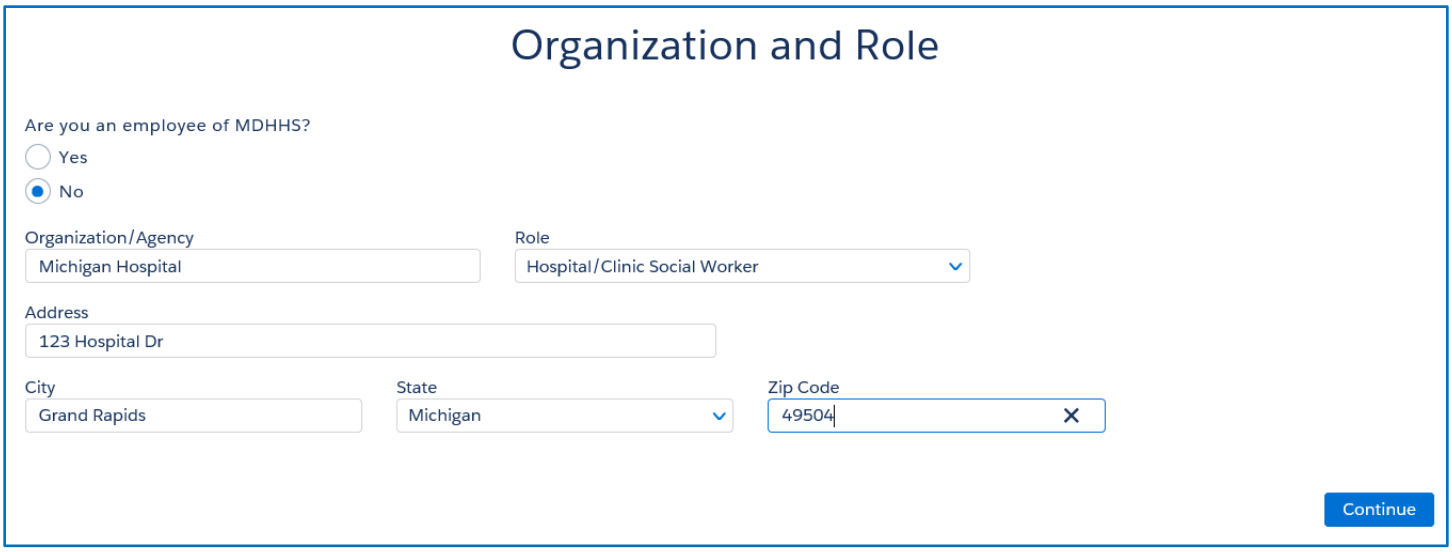
Successful Registration

You will receive confirmation of a successful registration with MiBridges. Click **Next** to answer additional questions to complete the setup of your profile for the Online Reporting System.



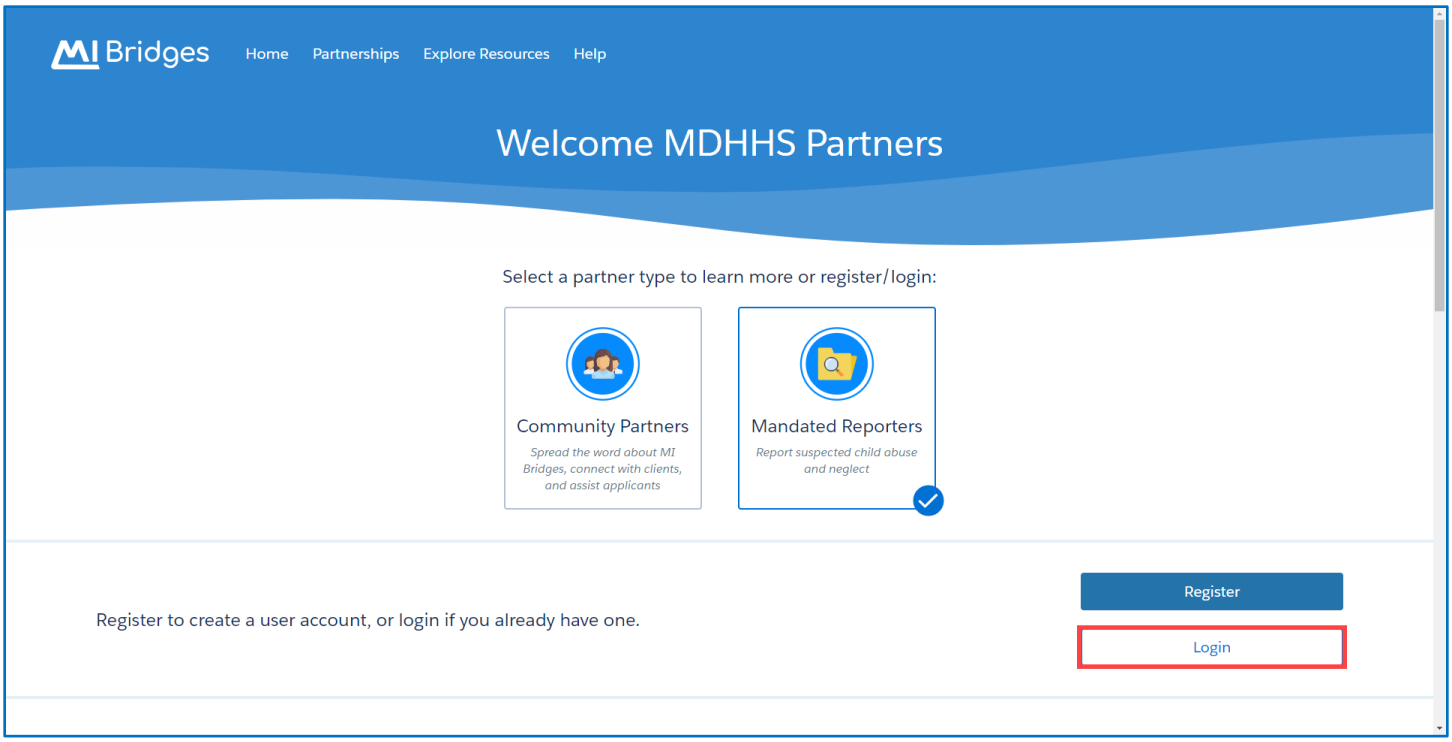
Organization and Role

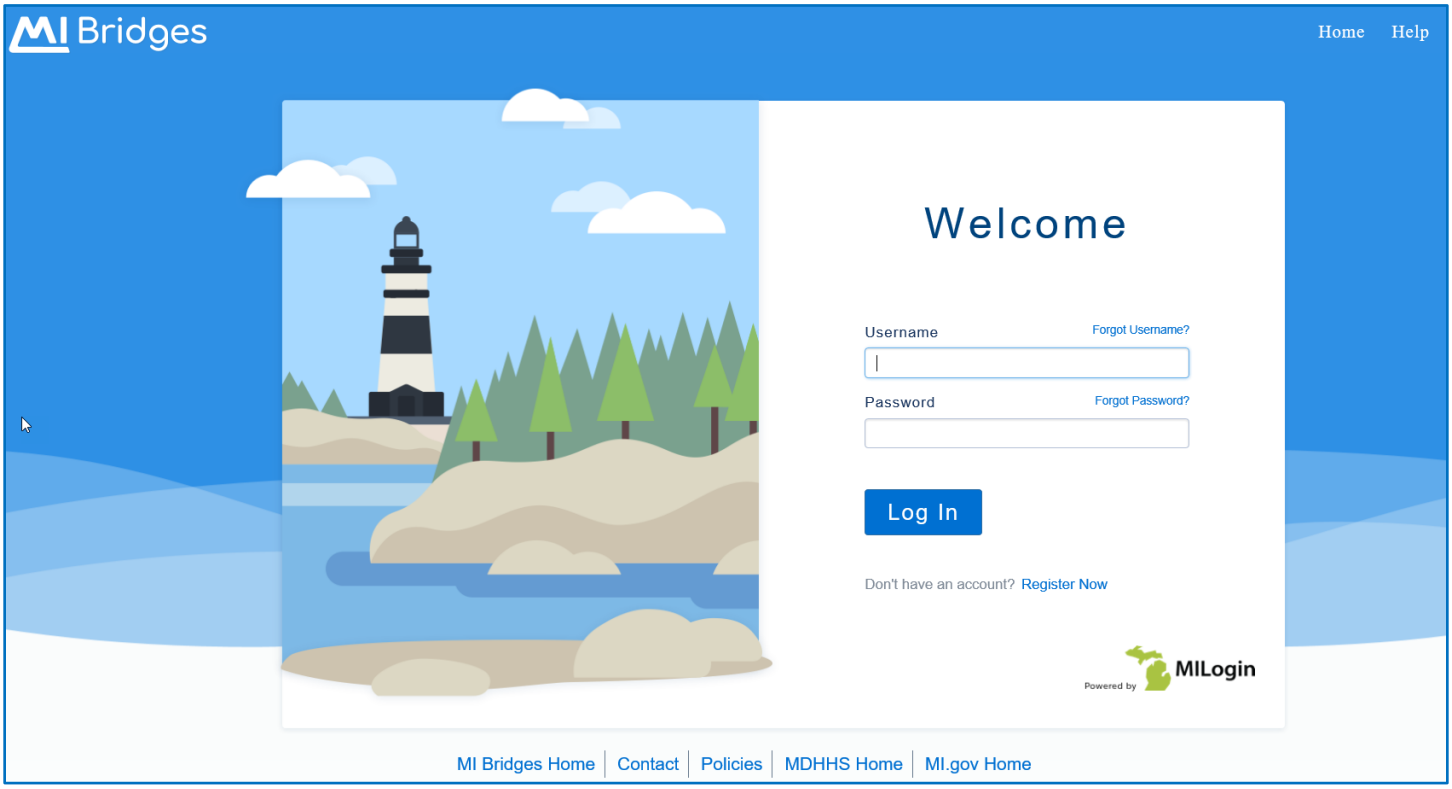
Please list the organization, role, and address you want listed on your profile in the Online Reporting System. The information you enter here will prefill as your contact information when you enter a complaint. If you need to update this information later, you can do so within the Online Reporting System.



Log In

Once you have created your account on MiBridges, you will use the **Login** link to login to the Online Reporting System. Enter the username and password you created during your registration. If you forgot your login information, click the **Forgot Username** or **Forgot Password** link.

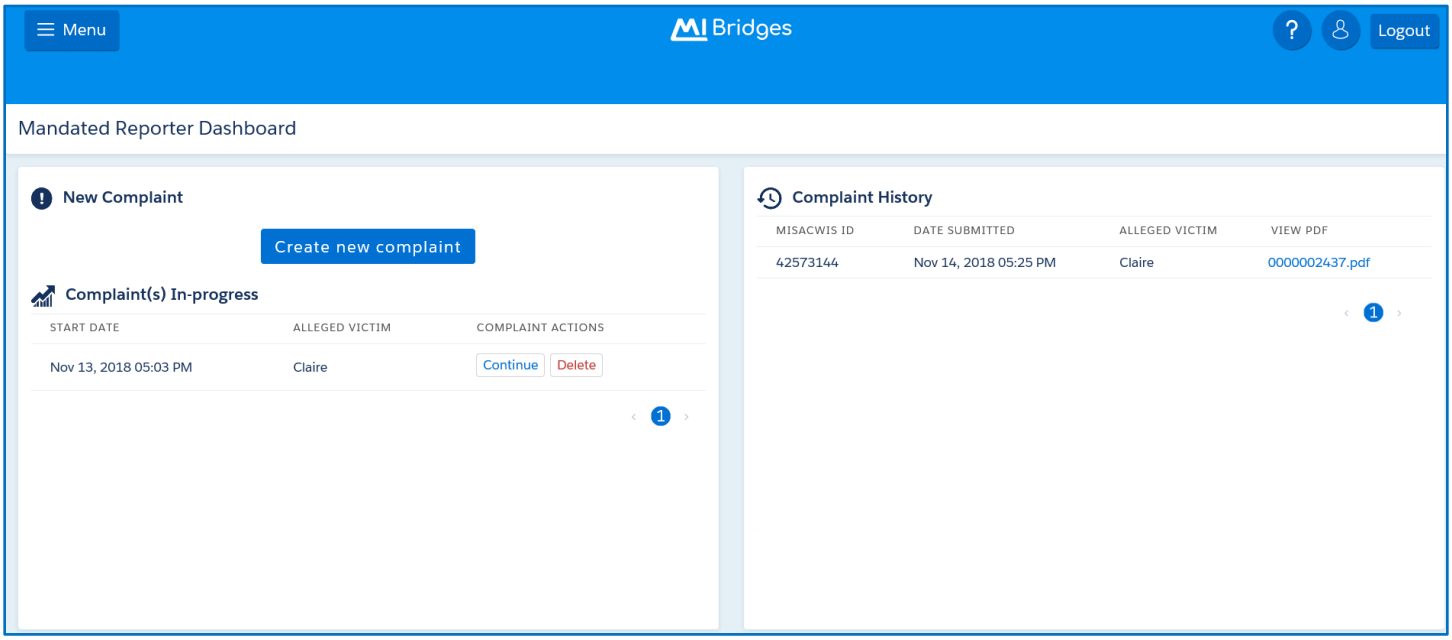




Mandated Reporter Dashboard

Once you have logged in, you will be presented with your Mandated Reporter Dashboard. **Complaints In-progress** will be displayed on the left side. In this section, you may create a new complaint, continue working on, or delete an in-progress complaint. Complaints not completed within 72 hours will be deleted. Complaints already submitted will display under **Complaint History** on the right side. In this section, you can view the

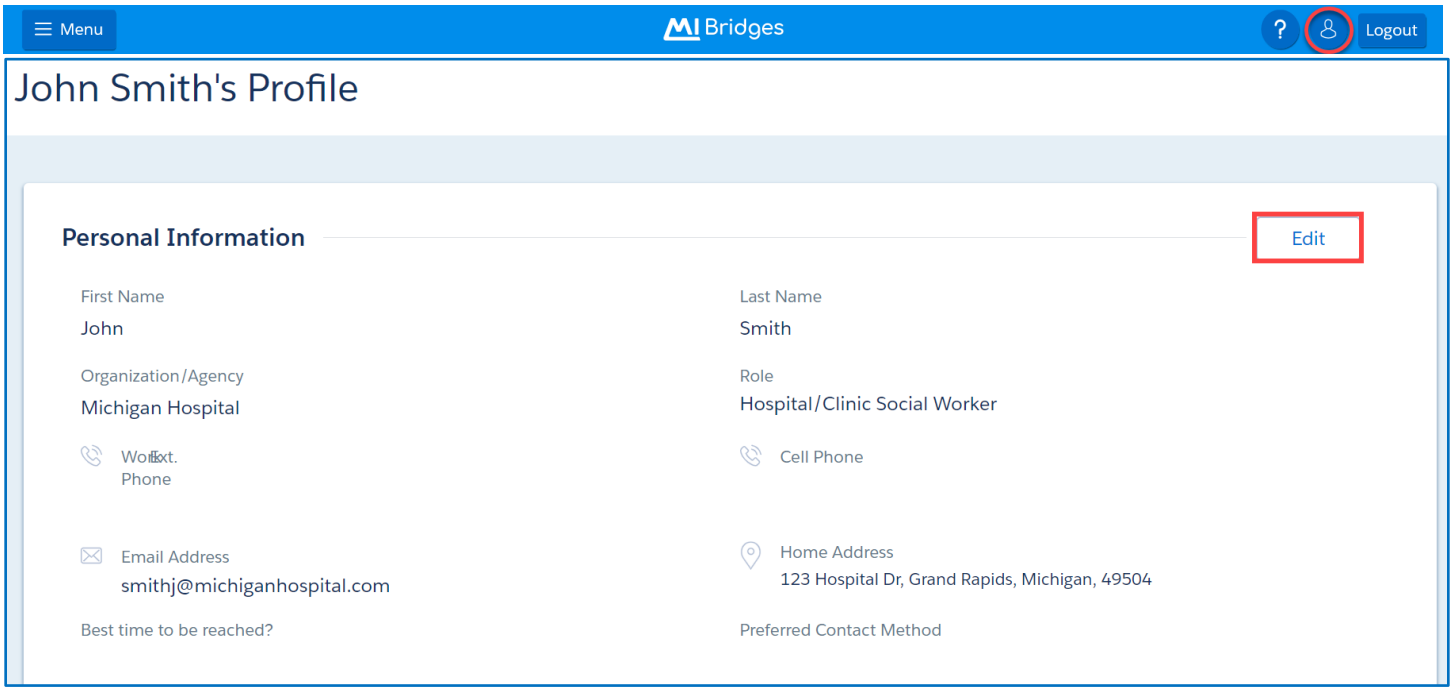
MiSACWIS ID or a PDF copy of complaints you already submitted. Submitted complaints will be visible on your dashboard for six months.



Update Your Profile

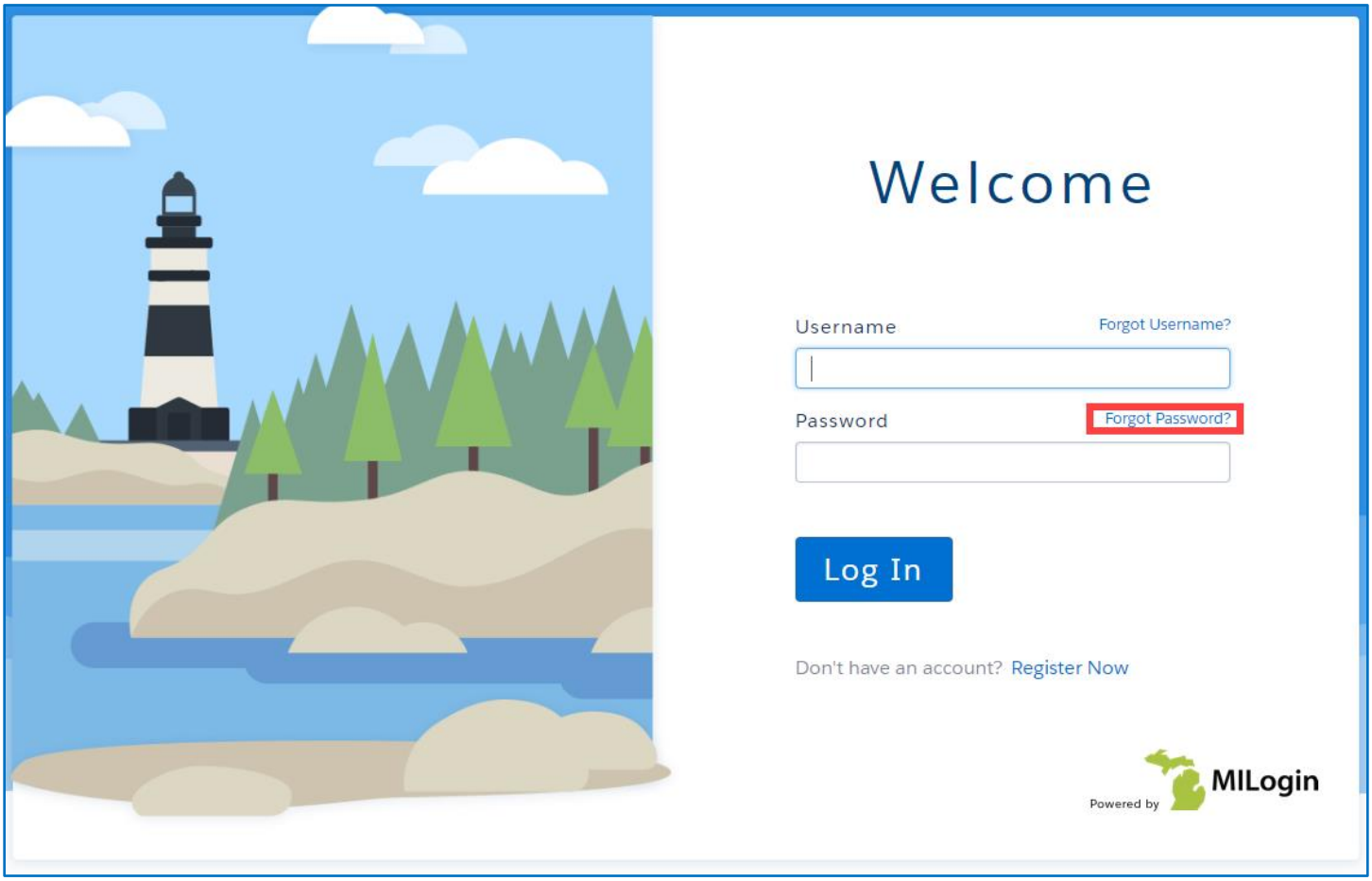
To make changes to your profile, click the **profile link** at the top right corner. Then, click **Edit**. Once you have made the appropriate changes, click **Save and Update**. To go back to the dashboard, click **Mandated Reporter** from the **Menu** in the top left corner.

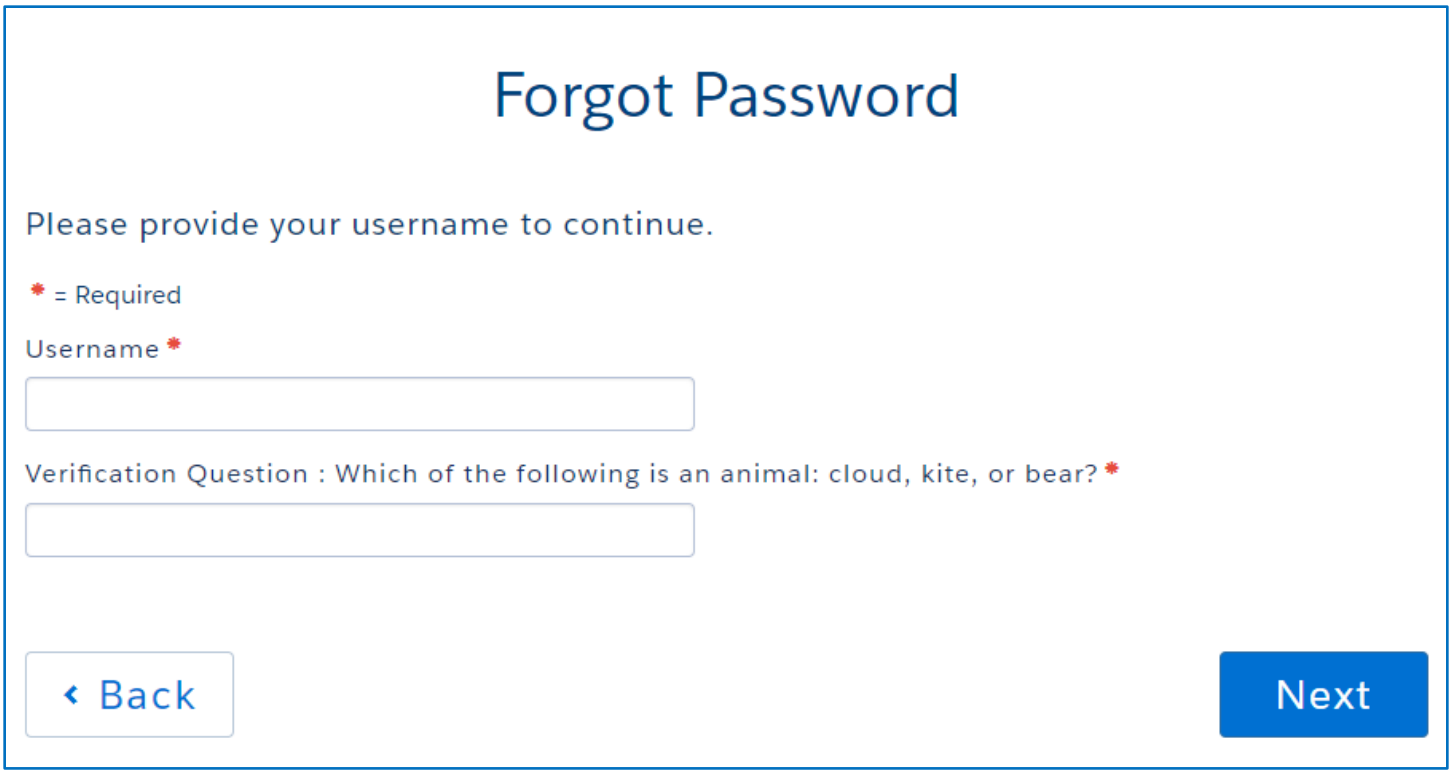
You can also update your profile within a complaint by changing information in the **Reporting Source Section**. See the Reporting Source Section of this user guide for details about how to update your profile from within the complaint.



Change Password

Your password can be changed from the Login page. Click the **Forgot Password?** link. You will be asked to provide your Username and answer a verification question. Then, select a **Password Recovery Option** and follow the remaining steps to reset your password.





Log Out

To logout of the Online Reporting System, simply click the **Logout** link in the top right corner of the screen.

Getting Answers

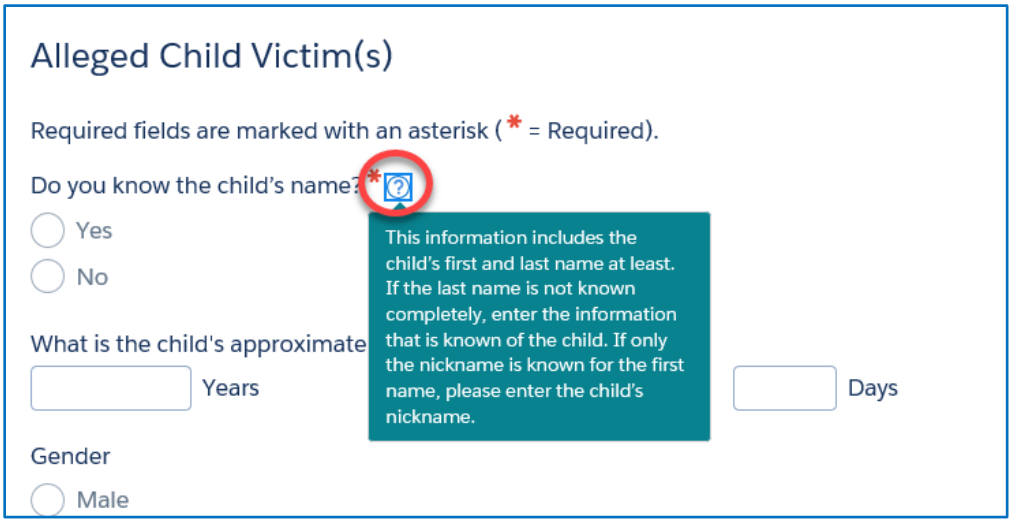
You will find a lot of information throughout this document. Additional information and resources are available at www.Michigan.gov/mandatedreporter.

Online Help

Online Help is the built-in help tool for the Online Reporting System. Online Help provides quick answers to common questions. Simply click the help link (?) in the top right corner. This will open a list of Frequently Asked Questions; then, scroll down to **Mandated Reporter FAQ**.

Help Text

Throughout the complaint, you will find these help icons. Click on a help icon for specific information about how to answer the question.



Help Desk

For assistance related to technical issues, contact the MiBridges Help Desk at 1-844-799-9876.

MDHHS Centralized Intake

For any additional issues or questions regarding the Online Reporting System or how to submit a complaint, you may contact the MDHHS Centralized Intake Mandated Reporter Hotline at 616-977-8936.

Additional Tips

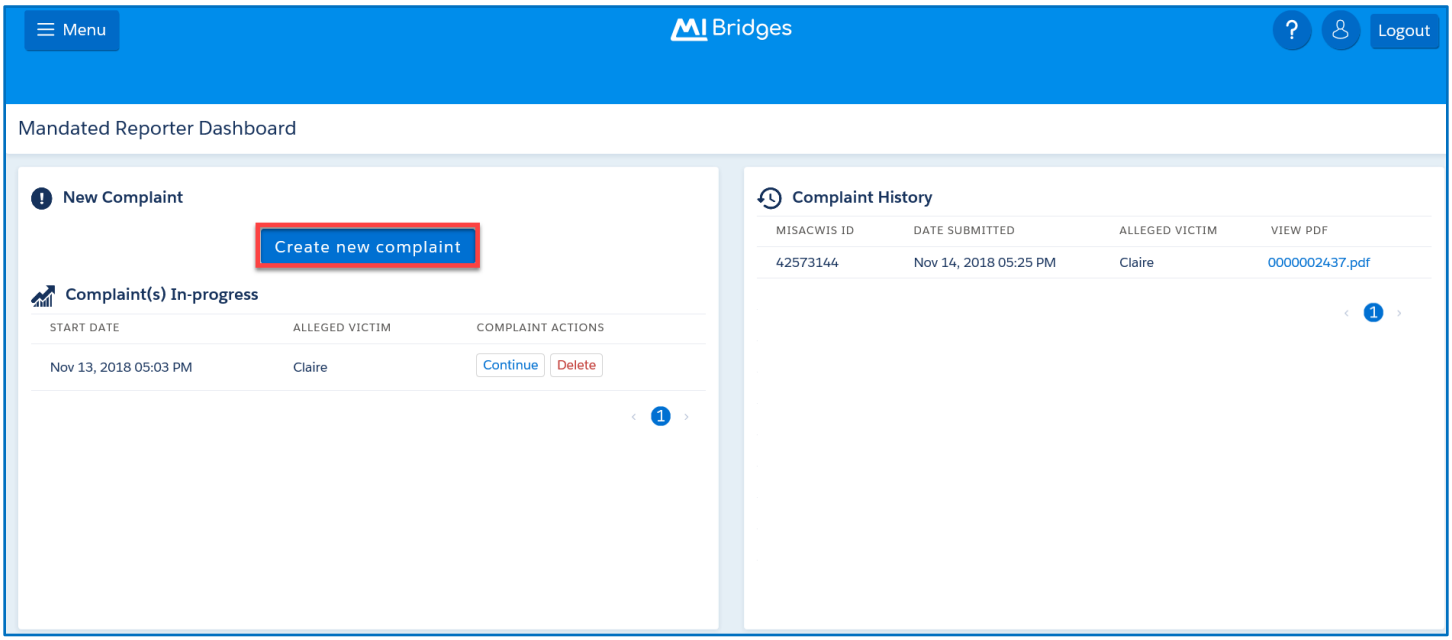
Michigan's Online Reporting System can be accessed from any device (computer, tablet, phone) with Internet access. Google Chrome is the recommended Internet browser when using the Online Reporting System. Other browsers can be used to access the Online Reporting System and submit a complaint, but Google Chrome offers additional features.

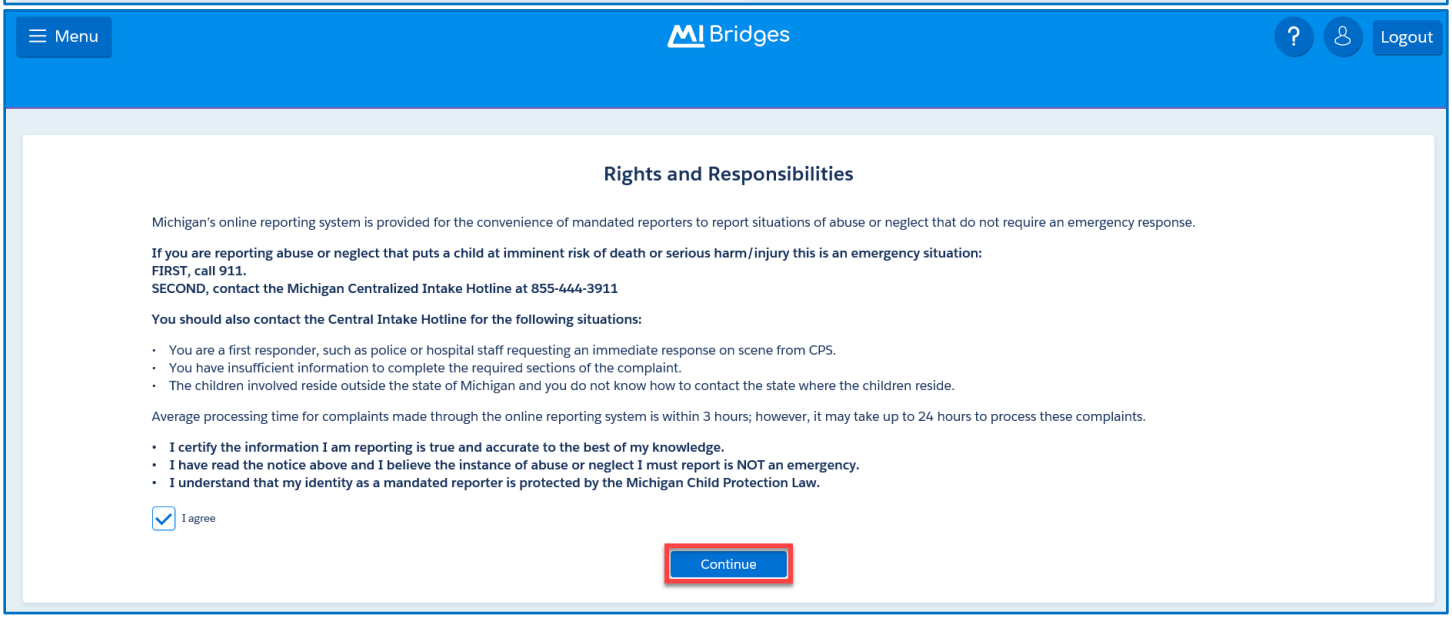
Special Characters: Some special characters cannot be typed and/or copied and pasted from a Microsoft Word document into text fields throughout the complaint because of formatting issues. The following special characters are not allowed in the system: { } [ ] | + = * \ < > ^ ~. In addition, single (‘ ’) and double quotes (“ ”) cannot be copied and pasted into the complaint from a Microsoft Word document unless you are using Google Chrome.

Creating and Submitting an Online Complaint

Getting Started

To start entering a new complaint of suspected child abuse or neglect, click the **Create new complaint** link on the Mandated Reporter Dashboard. Then, review and accept the **Rights and Responsibilities** and click **Continue**.



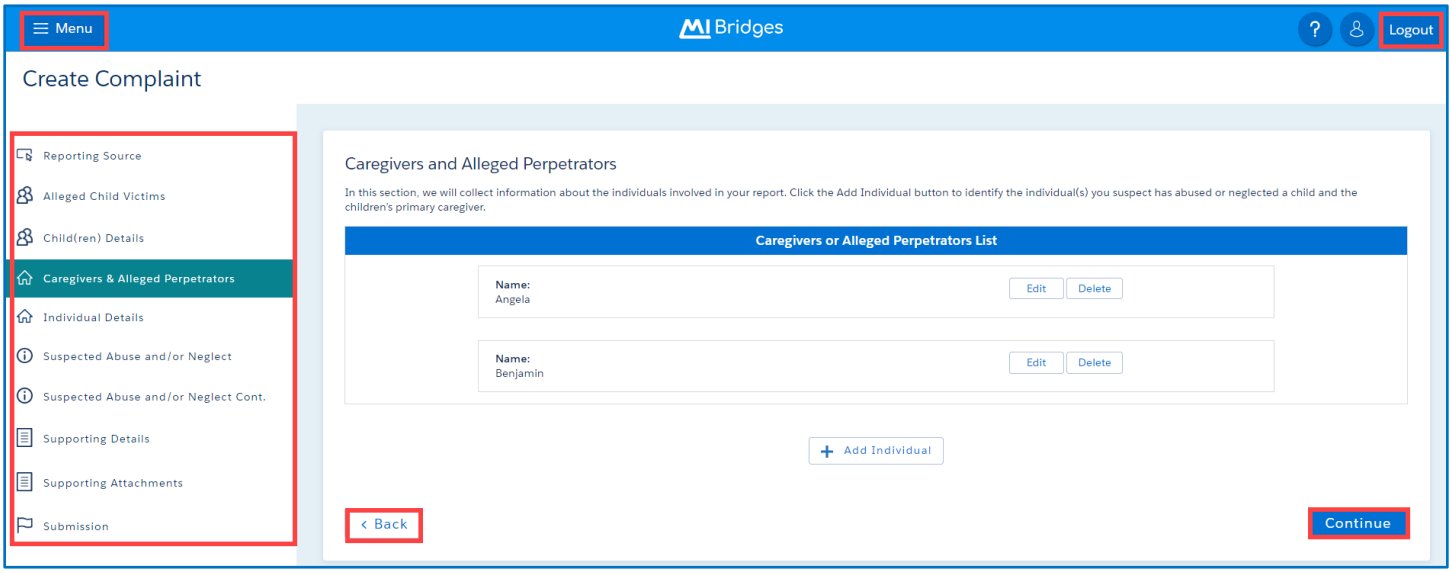


Navigation

The Online Reporting System will guide you through each section to complete a complaint. In addition, on the left side of the screen is a navigation pane. This can be used to navigate to different sections of the complaint. Along the bottom of each screen are **Back** and **Continue** buttons. Select **Back** to return to the previous section. Select **Continue** to move to the next section and save your information.

Please Note: If you add or edit any information, you must select **Continue** to save your work. Selecting **Back** will not save any changes made.

To save the complaint and log out, click **Continue** and then the **Logout** button in the top right corner. To save the complaint and return to the dashboard, click **Continue** and then **Mandated Reporter** from the **Menu** in the top left corner of the screen.



Main Sections of the Online Complaint Form

The main sections of the online complaint are:

Reporting Source ➢ Alleged Child Victims ➢ Child(ren) Details ➢ Caregivers & Alleged Perpetrators ➢ Individual Details ➢ Suspected Abuse and/or Neglect ➢ Suspected Abuse and/or Neglect Cont. ➢ Supporting Details ➢ Supporting Attachments ➢ Submission

Reporting Source

Your contact information will prefill from the information entered when creating your MiBridges account. Please confirm the information in this section is accurate and as you want it listed on each complaint. The reporting source notification letter, including the disposition of the complaint, will be mailed to the address listed in this section. If you work for multiple agencies, please list the agency most relevant for this complaint. If you edit information in this section, you will be asked if you want to update your profile. Clicking **Yes** will save the new information to your profile. Future complaints would prefill with the updated information. If you do not want future complaints to prefill with the changes made, select **No** for this question.

Please Note: Identifying a **Preferred Contact Method** on this page does not guarantee communication regarding the complaint will be via the method selected. If Centralized Intake needs additional information regarding a submitted complaint, the reporting source will be contacted using the phone number listed.

First Name *
John

Last Name *
Smith

Organization/Agency *
Michigan Hospital

Role *
Hospital/Clinic Social Worker

Address *
123 Hospital Dr

City *
Grand Rapids

State *
Michigan

Zip *
49504

Work Phone *
111-222-3333

Ext.
123

Cell Phone

Email Address *
smithj@michiganhospital.com

Best time to be reached? *
1:00-5:00PM Monday - Friday

Preferred Contact Method *
Call

Do you want to update your profile with this information?
Yes
No

Alleged Child Victim(s)

In this section, provide information about the alleged child victim(s) involved in the report. Click the **Add Child** button to identify the child(ren) you suspect have been abused or neglected. You can add as many children as needed.

Alleged Child Victim(s)

In this section, we'll collect information about the alleged child victim(s) involved in your report. Click the Add Child button to identify the child(ren) that you suspect have been abused or neglected.

+ Add Child

Back

Continue

You will be asked to provide the name (or a physical description of the child), date of birth (or approximate age), gender, address (or a description to locate the child), and phone number for each child involved in the incident you are reporting.

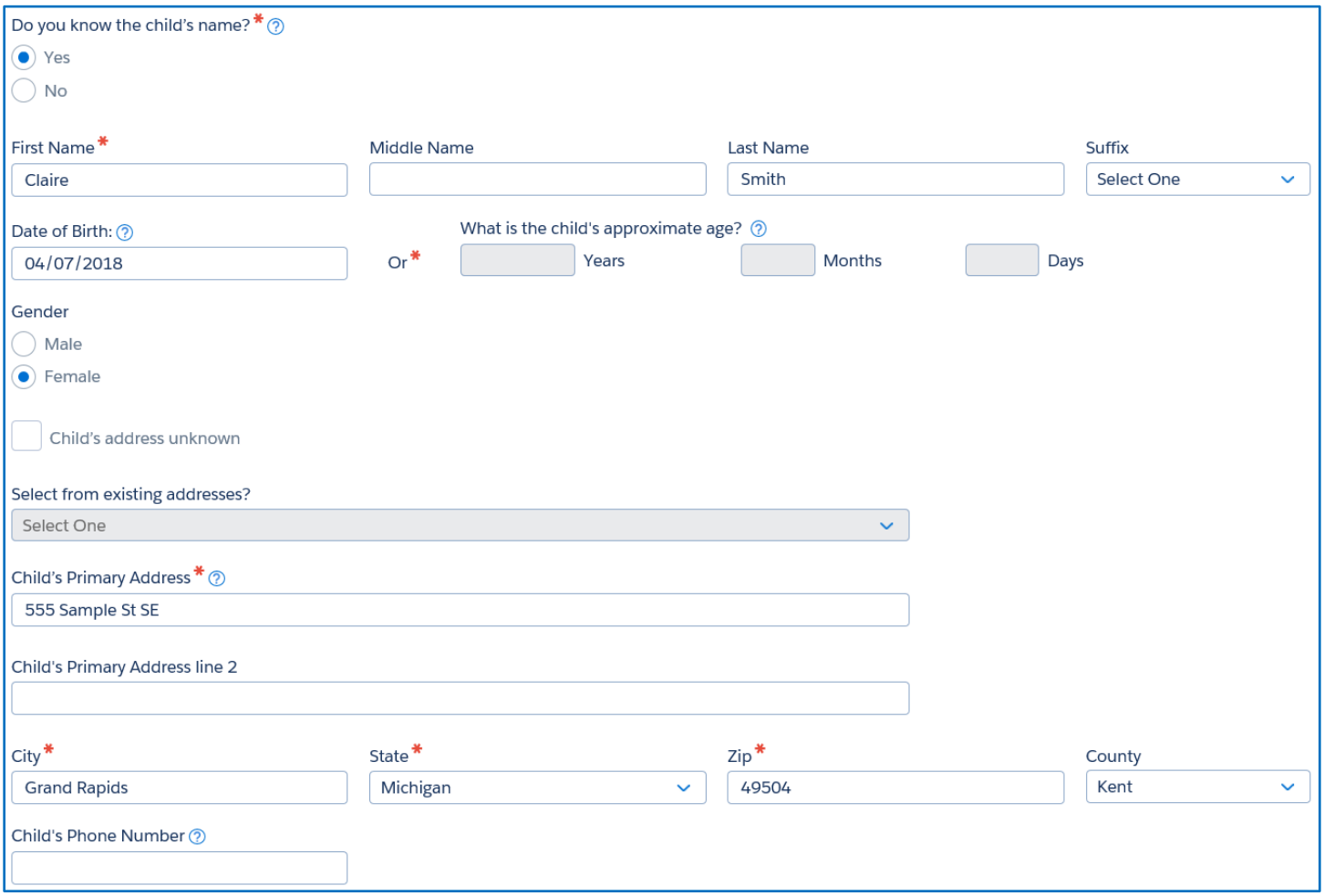
Name: This includes the first and last name, at least. If the last name is not known completely, enter the information that is known about the child. If only the nickname is known for the first name, please enter the nickname. If the child's name is completely unknown, please enter a physical description of the child. Include information such as the child's approximate height and weight, race and ethnicity, what they were wearing, etc.

Date of Birth: The preferred information is the exact date of birth for the child. However, if it is unknown, please enter the child's approximate age. The approximate age is listed in years, months, and days to provide an accurate estimate for children under 1-year-old.

Address: Please enter the address where the child primarily resides. If the child has multiple addresses, you would enter the address where the child lives most of the time. Once an address is entered, you will have the option to **Select from existing addresses?** for additional participants on the complaint.

If the address is unknown, please indicate in the comment box the best way to locate the child. Provide as much information as possible including the street name, color of the house, directions to the home, description of the vehicle/license plate number, or any other identifiers to locate the child.

Child's Phone Number: This is the personal cell phone number of the child only.



Once a child has been added, his or her name will display on the **Alleged Child Victim(s) List**. You can choose to **Edit** or **Delete** information, add another child (**Add Child)**, or **Continue** through the complaint. This example shows two alleged child victims:

Alleged Child Victim(s)

In this section, we'll collect information about the alleged child victim(s) involved in your report. Click the Add Child button to identify the child(ren) that you suspect have been abused or neglected.

Alleged Child Victim(s) List

Name:
Claire
Edit Delete

Name:
Daniel
Edit Delete

+ Add Child

‹ Back

Continue

Child(ren) Details

This section will gather additional details about the child(ren) you are reporting about, including how you know them and any additional children who are part of the family or living in the home.

Are any additional children part of the family or living in the home?: This may include siblings, step-siblings, non-custodial children who visit the home, children of unrelated adults, and any other children who live in the home but were not identified as victims.

If yes, **Please provide the name, approximate age, race/ethnicity, and gender for each additional child if known:** If known, include each child's date of birth or approximate age and their relationship to the family. If you don't know the children's names, please include how many children.

How do you know the child(ren)?: Describe your involvement with the child and his/her family.

Do you know where the child(ren) is at this time?: Describe where the child can be found now and, if known, where the child can normally be located such as where the child attends school, goes to day care, spends time after school, etc.

Is any alleged child victim limited by a disability?: This could include a cognitive or physical disability. There should be a "Yes" response if the child in question, due to age, developmental status, or physical disability, is unable to protect themselves. Examples include conditions on the Autism spectrum, Down Syndrome, Intellectual Disability, and conditions requiring medical assistance to meet basic needs. Other examples include: Hearing impaired, any impaired communication skills, visual impairment, confinement to wheel chair or other ambulatory device, and/or receiving special education services for any cognitive impairment. If it is suspected the child is limited by a disability but has not been diagnosed, select "Yes" and explain in detail in the comment box. There should be a "No" response if the child is not limited by a disability and there is no reason to suspect the child may be limited by a disability.

If yes, **Please indicate which child and their disability.**

Child(ren) Details

Required fields are marked with an asterisk (* = Required).

Are any additional children (that you did not previously identify in this report) part of the family or living in the home? *

- ○ Yes
- ● No

How do you know the child(ren)? *

The children are at the hospital where I work.

Do you know where the child(ren) is at this time?

Yes. The children are at Michigan Hospital. Claire is in room 100. Daniel is in room 200.

Is any alleged child victim limited by a disability?

- ● Yes
- ○ No

Please indicate which child and their disability.

Daniel is moderately cognitively impaired.

‹ Back | Continue

Caregivers and Alleged Perpetrators

In this section, provide information about the adults involved in the report. Click the **Add Individual** button to add the individual(s) you suspect has abused or neglected a child and the child(ren)'s primary caregiver. You can add as many individuals as needed.

Caregivers and Alleged Perpetrators

In this section, we will collect information about the individuals involved in your report. Click the Add Individual button to identify the individual(s) you suspect has abused or neglected a child and the children's primary caregiver.

+ Add Individual

‹ Back | Continue

Identify how the individual is related to the child(ren) in your report, provide the name (or a physical description of the individual), date of birth (or approximate age), gender, address (or a description to locate the individual), and phone number for each individual involved in the incident.

How is this individual related to the child(ren) in your report?: Please specify if the person is the child's primary caregiver and an alleged perpetrator or non-offending adult.

Primary Caretaker: The primary caregiver is an adult, usually a parent or legal guardian living in the household, who assumes the most responsibility for the child's care. When two adult caregivers are present and it is unknown which one assumes the most caretaking responsibility, the adult legally responsible for the

children involved in the incident should be selected. If this does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected.

Then, **Describe this individual's relationship**: Please specify whether the person is a parent, non-custodial parent, neighbor, relative, friend, etc.

Name: This information includes the individual's first and last name at least. If the last name is not known completely, enter the information that is known of the individual. If only the nickname is known for the first name, please enter the individual's nickname. If the individual's name is completely unknown, please enter a physical description of the individual. Include information such as the adult's approximate height and weight, race and ethnicity, what they were wearing, etc.

Date of Birth: The preferred information is the exact date of birth of the individual. However, if it is not known, please enter the individual's approximate age.

Address: Please enter the individual's address. If the address was previously entered on this complaint, you may select it from the drop-down box. If the address is unknown, please indicate in the comment box the best way to locate the individual. Provide as much information as possible including the street name, color of the house, directions to the home, description of the vehicle/license plate number, or any other identifiers to locate the individual.

Caregivers and Alleged Perpetrators

Required fields are marked with an asterisk (* = Required).

How is this individual related to the child(ren) in your report? (Select all that apply)

- [x] Primary Caregiver
- [x] Alleged Perpetrator
- [ ] Non-Offending Adult

Describe this individual's relationship *

Mother

Do you know the individual's name? *

- (•) Yes
- ( ) No

First Name *	Middle Name	Last Name	Suffix
Angela		Smith	Select One

Date of Birth: 01/15/1980 Or * What is the individual's approximate age? Years

Provide a physical description of the individual and/or any known alias names.

Caucasian. Angela Smith's maiden name is Angela Jones.

Gender

- ( ) Male
- (•) Female

Individual's address unknown

Select from existing addresses?

Select One

Primary Address *

555 Sample St SE

Primary Address line 2

Apt 5

City *

Grand Rapids

State *

Michigan

Zip *

49504

County

Kent

Phone Number

999-888-7777

Discard Individual Details

Save Individual Details

Individual Details

Are any caregivers or alleged perpetrators a licensed foster care provider, licensed daycare provider, or relative care provider?: Foster care providers are licensed by the State of Michigan to provide care for children in their home. Children may also be placed in the home of a relative caregiver. A relative caregiver provides care for children who are court wards and are related to them. Relative caregivers are not required to be licensed by the State of Michigan to provide care. A daycare provider includes an owner, operator, volunteer, or employee of a licensed or registered child care organization. A "yes" response is appropriate if the adult provides care for children as a foster care provider, daycare provider, or relative provider. If known, identify who, what type of provider they are, and their provider license number.

Do you know any additional individuals (not previously identified in this report) who are aware of or have witnessed the abuse and/or neglect you are reporting? This would include, but is not limited to, any individual who is not already listed on this report and may have more information regarding this incident. Some examples include: mental health providers, probation officers, relatives who witnessed the incident, medical or educational providers, a friend of the family, etc.

Individual Details

Required fields are marked with an asterisk (* = Required).

Are any caregivers or alleged perpetrators a licensed foster care provider, licensed daycare provider, or relative care provider?

- ○ Yes
- ◉ No
- ○ Unknown

Do you know any additional individuals (not previously identified in this report) who are aware of or have witnessed the abuse and/or neglect you are reporting?

- ◉ Yes
- ○ No

Please provide the name of additional individuals with awareness of the abuse/neglect you are reporting as well as their contact information and relationship to the child(ren) included in this report.

Dr. Janet Thomas, examining physician from Michigan Hospital. PH: 123-456-7890.
Officer Whitney Stevenson, Responding officer from Grand Rapids Police Department, PH: 333-555-7777.

‹ Back | Continue

Suspected Abuse and/or Neglect

What suspected abuse and/or neglect occurred?: Please provide detailed information including the following, if known: WHAT happened? WHO is involved? Describe what the alleged perpetrator(s) did to the child(ren) or failed to do for the child(ren). Include information about physical injuries, mental harm, sexual abuse, cruelty, suffering etc. experienced by the child(ren), impacts/effects on the victims, a description of injuries and/or threat of harm. Provide a complete summary (paint a picture) of the incident and details of what is concerning to you. Use names when known and limit the use of he/she so it is clear who you are referring to.

When and where did this happen?: Please provide detailed information including the following, if known: WHEN and WHERE did the incident occur, include the date, time, and physical location, including the address, the frequency of occurrence, and the history of occurrences.

How did you become aware of the suspected abuse and/or neglect?:

Firsthand knowledge: Please provide details for how and when you became aware of the suspected abuse and/or neglect. Did you witness the situation firsthand? Did you become aware of the situation based on your role with the family? If yes, how so?

Informed by another person: Who told you? If you haven't already provided this person's contact information or relationship to the children in previous narrative, please indicate this.

Suspected Abuse and/or Neglect

Required fields are marked with an asterisk (* = Required).

What suspected abuse and/or neglect occurred? *

Angela Smith and Benjamin (Ben) Smith are the biological parents of Claire Smith (5) and Daniel Smith (8). These participants reside together in their own home.

As the family was driving home from dinner, they were in a multi-vehicle accident. Ben was driving and his BAC was .09; he admitted to having a few drinks at dinner. Claire and Daniel were not properly restrained and received injuries as a result of the accident. Claire is suspected to have a broken left arm. Daniel has a broken right femur. They both have multiple abrasions on their bodies. Angela and Ben have minor injuries and were treated and released, Ben was arrested for OWI-causing an accident.

When and where did this happen? *

10/10/2018, Approximately 10 miles from the family home. The exact location is not known.

How did you become aware of the suspected abuse and/or neglect? *

- ○ Firsthand knowledge
- ● Informed by another person

Who told you? If you haven't already provided this person's contact information or relationship to the children in previous narrative, please indicate this.

The details were learned by interacting with the children's mother, Dr. Janet Thomas, and Officer Whitney Stevenson. Their contact information was previously provided.

‹ Back Continue

Suspected Abuse and/or Neglect Cont.

The following questions require a Yes, No, or Unknown answer. You may be asked to provide details when selecting Yes as an answer.

Does this report involve the alleged sexual abuse of a child?: No additional details required.

Has any child victim refused to go home or indicated they are afraid to go home? This could include the alleged child victim verbalizing a fear to go home or exhibiting behaviors indicating fear such as crying, refusal to board the school bus, threatening to run away or hurt themselves. **If yes,** *how did the victim describe their fear of returning home?*

Does the child have an injury?: If Yes*, Please describe the child's injury.* Please provide details including the location, size, shape, color of the bruise, extent of the injury, etc. Specify exactly how the child received the injury, if this is not already documented in earlier narrative.

Are the police involved in the situation? If Yes, *please provide law enforcement agency name, officer name, and incident or police report number (if known).*

Are you aware of any safety risks to a CPS investigator in the home?: This would include weapons, drugs, violent animals, violent people, or environmental hazards. **If Yes**, *please describe the safety risks.*

Suspected Abuse and/or Neglect Cont.

Required fields are marked with an asterisk (* = Required).

Does this report involve the alleged sexual abuse of a child? *
- ( ) Yes
- (•) No
- ( ) Unknown

Has any child victim refused to go home or indicated they are afraid to go home? *
- ( ) Yes
- (•) No
- ( ) Unknown

Does the child have an injury? *
- (•) Yes
- ( ) No
- ( ) Unknown

Please describe the child's injury. *

Claire sustained minor cuts and bruises to her forehead and arms from the crash impact. Daniel sustained a linear, four-inch, purplish-blue bruise on the right side of his neck from the seat belt, and minor cuts to his right forearm.

Are the police involved in the situation? *
- (•) Yes
- ( ) No
- ( ) Unknown

Please provide law enforcement agency name, officer name, and incident or police report number (if known).

Officer Whitney Stevenson with the Grand Rapids Police Department; the police report number is unknown.

Are you aware of any safety risks to a CPS investigator in the home? *
- ( ) Yes
- ( ) No
- (•) Unknown

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Supporting Details

Does any participant live on an American Indian Reservation or Trust Land?: There should also be a "Yes" response if there's a possibility any individual listed on this complaint resides or is domiciled on an American Indian Reservation or Trust Land. If "Yes" is selected, please explain to the best of your ability how the individual is affiliated with an American Indian Tribe. Please provide the name of the American Indian Tribe, if known. A complaint of suspected child abuse or neglect of any Indian child who resides or is domiciled on lands within exclusive jurisdiction of the tribe may not be investigated by MDHHS. If the child resides or is domiciled on lands within exclusive jurisdiction of the tribe, MDHHS will coordinate with the tribe to determine who will investigate the suspected child abuse or neglect. The following are federally recognized tribes Located in Michigan: •Bay Mills Indian Community •Grand Traverse Band of Ottawa and Chippewa Indians •Hannahville Indian Community •Keweenaw Bay Indian Community •Lac Vieux Desert Band of Lake Superior Chippewa Indians •Little River Band of Ottawa Indians •Little Traverse Bay Bands of Odawa Indians •Match-E-Be-Nash-She-Wish Band of Pottawatomi Gun Lake Tribe •Nottawaseppi Huron Band of Potawatomi •Pokagon Band of Potawatomi Indians •Saginaw Chippewa Indian Tribe •Sault Tribe of Chippewa Indians

Does any participant have American Indian Heritage? There should be a "Yes" response if any individual listed on this complaint is a descendant of an American Indian. The individual does not need to be a confirmed

member of an American Indian Tribe to answer "Yes" to this question. If "Yes" is selected, please explain to the best of your ability how the individual is affiliated with an American Indian Tribe. Please provide the name of the American Indian Tribe, if known.

Is there a language or communication barrier for any of the participants? Will an interpreter be needed to communicate with any individual listed on the complaint? If yes, please provide details: Who needs an interpreter? What is their primary language?

Is there any additional information you would like to share? Include any information you believe would be helpful for an intake supervisor or field investigator to know about this situation or family.

Supporting Details

Required fields are marked with an asterisk (* = Required).

Does any participant live on an American Indian Reservation or Trust Land? *

- ○ Yes
- ◉ No
- ○ Unknown

Does any participant have American Indian Heritage? *

- ○ Yes
- ◉ No
- ○ Unknown

Is there a language or communication barrier for any of the participants? *

- ◉ Yes
- ○ No
- ○ Unknown

Please list the name of the participant(s) and the primary language. *

Angela communicates using American Sign Language.

Is there any additional information you would like to share?

No

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Supporting Attachments

In this section, you can upload and review documents to support this report of alleged abuse and/or neglect. This would include any pictures, medical documents, school records, a police report, or anything else relevant to the complaint.

Note: The following document types are supported with this application: .jpeg, .jpg, .png, .pdf, and .tiff file types.

To upload a document, select **Choose Document**. Then, browse for and select the document from your device. Once the document is visible in the viewing screen, add the **Document Name** and click **Upload Document**. The document name should be a brief description of the attachment. Examples: Medical Record, Case Notes from 1/15/2018, Police Report #18-12345, etc. Attached documents will be displayed on the left side of the screen. You may select to view or delete a document or upload additional documents. Once you have uploaded all supporting documents, select continue to move to the next section.

Supporting Attachments

Upload and review documents to support this report of alleged abuse and/or neglect.

You have not uploaded any documents

Upload Documents

Document Name

Medical Examination Findings

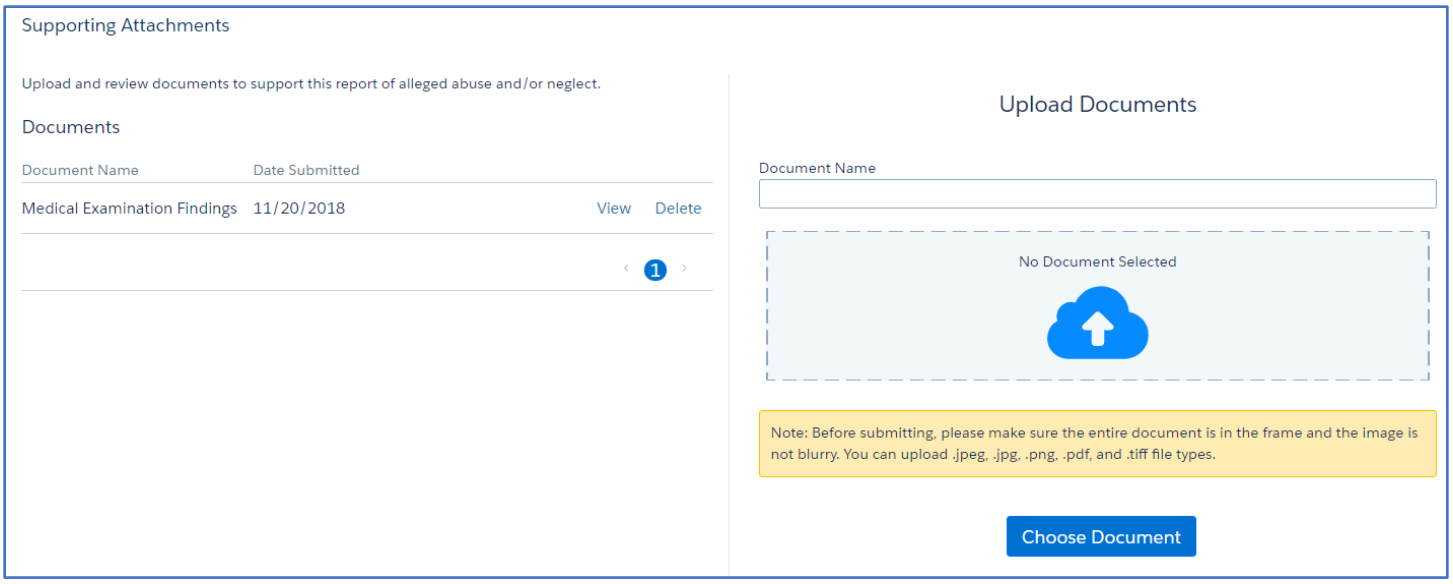
Note: Before submitting, please make sure the entire document is in the frame and the image is not blurry. You can upload .jpeg, .jpg, .png, .pdf, and .tiff file types.

Upload Document

Upload Successful!

Your document has been successfully uploaded.

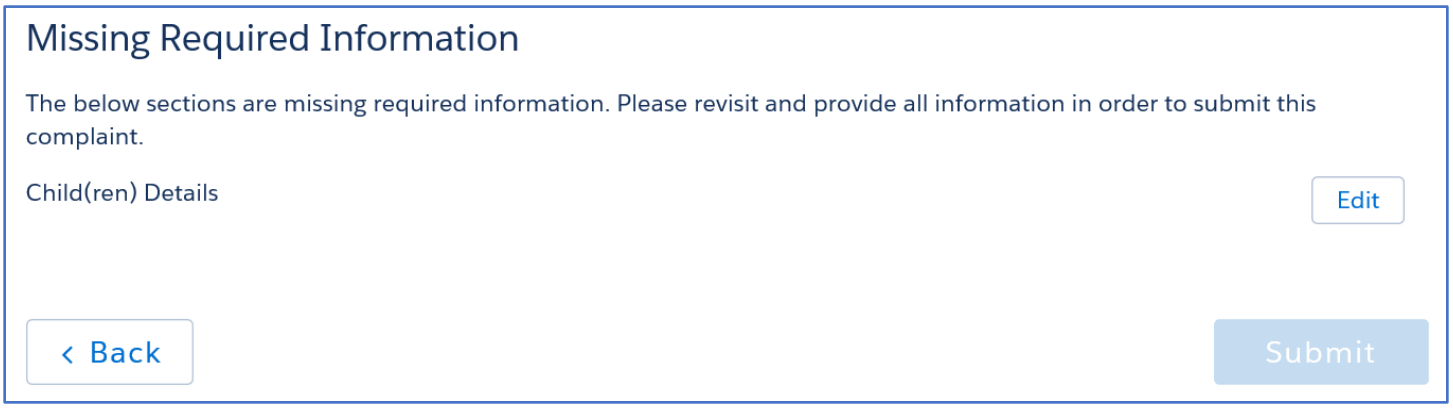
Okay

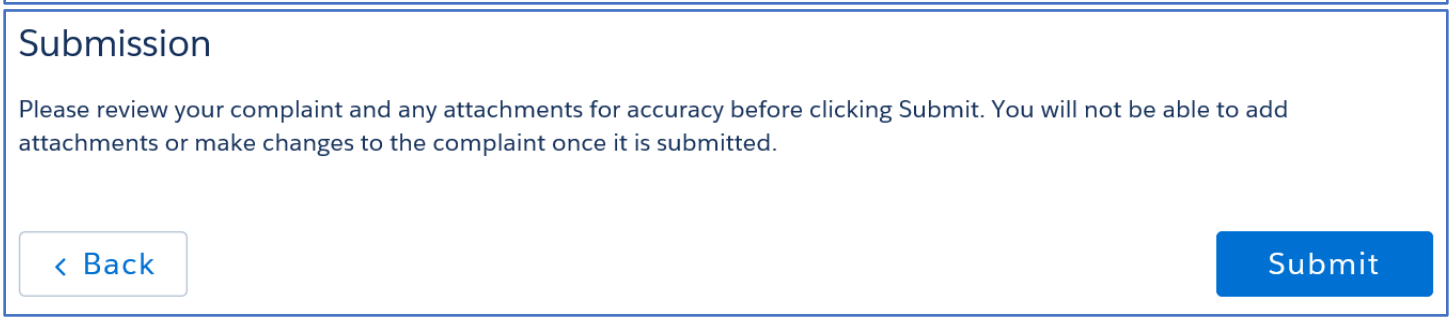


Submission

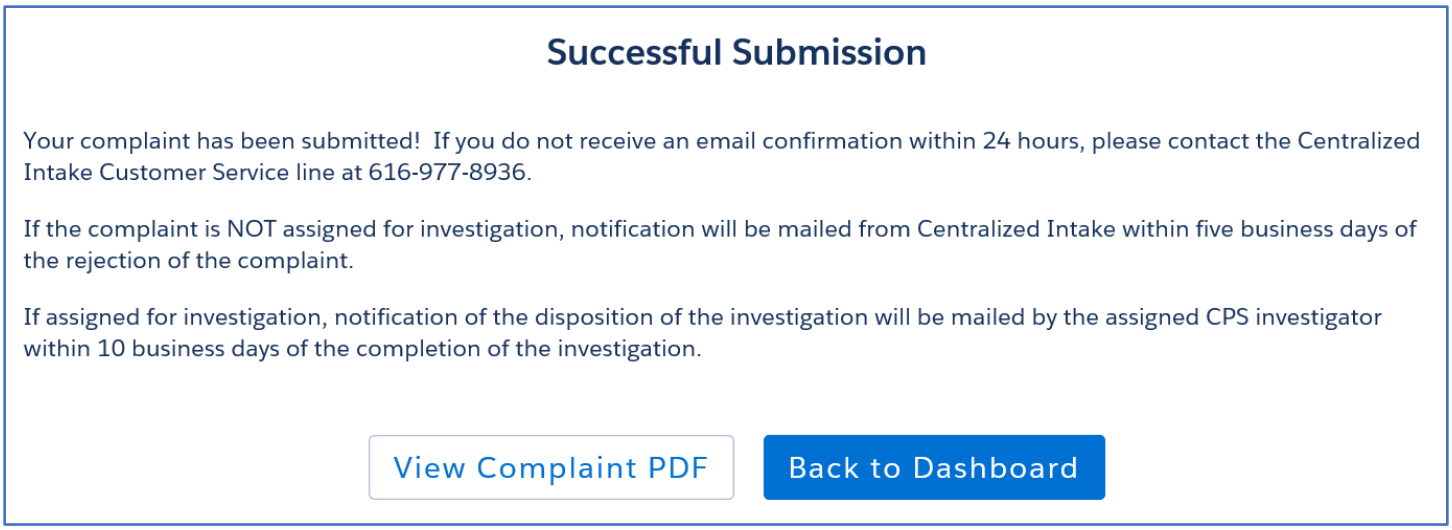
The submission page is the last step in the reporting process. A **Missing Required Information** message will display if you did not complete any of the required questions throughout the complaint. Use the left navigation pane or select **Edit** next to the identified section to return and complete the missing information. You will not be able to submit a complaint if any of the required information is missing. Once you have completed each section, please review your complaint and any attachments for accuracy before clicking **Submit**.

Please note: You will not be able to add attachments or make changes to the complaint once it is submitted.





Once you have submitted the complaint, the Online Reporting System will confirm your complaint was submitted. You will also receive an email confirmation within 24 hours. You may click **View Complaint PDF** to view copy of the complaint or **Back to Dashboard** to return to the Mandated Reporter Dashboard.



Next Steps

View Complaint PDF

Click **View Complaint PDF** to view a copy of the complaint you submitted. This will open a PDF of the complaint in a new web browser. If you elect to return to your dashboard, you may also view a copy of submitted complaints from your dashboard. Submitted complaints will remain on your dashboard for six months. If you need to retain a copy of the complaint for longer than six months, it is recommended you print the complaint.

Save/Print a Copy of the Complaint

Once the PDF of the complaint is open, hover the mouse over the bottom of the screen until the option to save and print appears. Click the **Save** or **Print** icon and then follow the additional steps on the screen.

Mandated Reporter Complaint

MISACWIS ID	Referral ID	Date	Time
42653145	0000002497	11/20/2018	7:25 PM EST

Reporting Source

First Name	Last Name
John	Smith

Organization/Agency	Role
Michigan Hospital	Hospital/Clinic Social Worker

Address	City	State	Zip
123 Hospital Dr	Grand Rapids	Michigan	49504

Work Phone	Ext	Cell Phone
111-222-3333	123	

Additional Follow-up

If the complaint was assigned for investigation, you will be contacted by the investigator and also receive written notification of the investigation disposition. If the complaint is rejected for field investigation, you will receive notification by letter.

If you need to submit documents that were not attached to your complaint upon submission, please email them to MDHHS-CPS-CIGroup@gmail.com or fax them to 616-977-1154 or 616-977-1158.