BERRIEN MENTAL HEALTH AUTHORITY
MALPRACTICE CLAIMS EXPLANATION FORM

Please complete form in full, attaching relevant documentation as necessary.

Provider's Name: _____ Today's Date: _____

Date of Occurrence: _____ Status of Case: Pending / Open / Closed

City/State where incident occurred: _____

Was there a Settlement? Yes / No Date of Settlement: _____

Description of Allegation(s): _____
_____
_____
_____
_____
_____

Description of alleged injury to patient: _____
_____
_____
_____
_____

Did the alleged injury result in death? Yes / No

Please explain: _____
_____
_____
_____
_____

This document is true to the best of my knowledge and belief.

_____ _____
Print Name Sign Name