



www.saneofbutlercounty.org

7182 Liberty Centre Drive, Suite N West Chester, Oh 45069 Phone: 513.889.5435 Fax: 1.866.444.7263 Answering Service: 1.800.642.9961

Date : _____

Agency Reporting To: _____
Attention Intake Division

Re: **Patient Name:** _____

This letter serves as notification of official report that was made to your agency for a reported sexual assault. Our organization was requested to respond to a hospital that contracts with our agency to provide forensic sexual assault nurse examinations. Attached via fax with this letter of notification is the SANE (sexual assault nurse examiner) report which includes a narrative obtained from the patient detailing events of the reported assault along with other information obtained/gathered from the patient.

A report has been given to the Emergency Department Physician and staff that notification has been made to your agency via phone along with the proper law enforcement agency of the events. Along with the letter of notification is additional information gathered during the forensic examination for your records.

Please do not hesitate to contact our organization for any further information that may be needed. Thank you for your time and attention to this matter. Contact information listed below:

Forensic Nurse Completing Exam: _____

Phone Number of Forensic Examiner: 513.889.5435 **Ext:** _____

Office Address: 7182 Liberty Centre Drive Suite N West Chester, Ohio 45069

FAX TO AGENCY:

1. THIS LETTER
2. PAYROLL/DEMOGRAPHIC SHEET
3. **ODH COMPLAINT FORM (FOR ODH ONLY)**
4. INJURY DIAGRAMS, QUESTIONNAIRE AND NARRATIVE

PROVIDER AND CONSUMER SERVICES UNIT
DIVISION OF QUALITY ASSURANCE
OHIO DEPARTMENT OF HEALTH
COMPLAINT FORM

You may file this complaint **ANONYMOUSLY**, by **NOT** providing us your name and address. **Skip to Section II if you wish to remain anonymous.** If you remain anonymous, ODH will not be able to contact you to obtain additional information or notify you of the results of the complaint investigation.

Section I Complainant Information – Complete only if you wish to receive our acknowledgement and notification letters with the results of the complaint investigation *Red outlined fields are mandatory

| | | |
|---------------------------|-----------------------------|------|
| Complainant Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Primary Telephone: () | Secondary Telephone: () | |

NOTE: All person-identifiable information is confidential.

Section II Facility Information

| | | |
|-----------------|-----------------|------|
| *Facility Name: | *Facility Type: | |
| *Address: | | |
| City: | State: | Zip: |
| Telephone: | | |

Section III Resident(s)/Patient(s) Information

| | |
|-----------------------------------|--|
| Resident/Patient Name: | Date of Birth: |
| Relationship to Resident/Patient: | Is the Resident/Patient still in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Name(s): | |
| Name: | Date of Birth: |
| Relationship to Resident/Patient: | Is the Resident/Patient still in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | Date of Birth: |
| Relationship to Resident/Patient: | Is the Resident/Patient still in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section IV Alleged Wrongdoer(s) Information – if applicable or known

| | |
|----------------------------------|--------|
| Name: | Title: |
| Additional Name(s)/Title: | |
| Name and Title: | |
| Name and Title: | |
| Name and Title: | |

Ohio Department of Health (ODH) & Ohio Department of Corrections

Ohio Department of Health (Nursing Home and Medical Facility Reporting)

(Phone) 1.800.342.0553 (M-F 8am-4:30pm) Live

After hours/Holidays/Weekends: Leave a voicemail and you will receive a return call during the next business day.

(Fax) 614.564.2422

Adult Protective Services

After Hrs./Weekend Holidays

| | | |
|----------------------------|--|--------------|
| Brown County APS | (P) 937.378.6104 (M-F 8a-5p) (F) 937.378.4753 | 937.378.4435 |
| Butler County APS | (P) 513.868.0888 (F) 513.887.4210 | |
| Clermont County APS | (P) 513.732.7173 (F) 513.732.7833 | |
| Darke County APS | (P) 937.548.4132 (M-F 8a-4:30p) (F) 937.548.4928 | 937.548.2020 |
| Fayette County APS | (P) 740.335.0350 (M-F 7:30a-4:30p) (F) 740.333.3581 | 740.335.6170 |
| Greene County APS | (P) 937.562.6000 (F) 937.562.6177 | |
| Hamilton County APS | (P) 513.421.5433 (F) 513.946.2264 | |
| Miami County APS | (P) 937.440.3471 (F) 937.335.2225 | |
| Montgomery Co. APS | (P) 937.225.4906 (F) 937.496.6718 | |
| Preble County APS | (P) 937.456.6205 (F) 937.456.6086 | |
| Shelby County APS | (P) 937.498.4981 (M-F 7:30a-4p) (F) 937.498.7396 (Tues. 7:30a-6p) | 937.498.1111 |
| Warren County APS | (P) 513.695.1423 (M-F 8a-4:30p) (F) 513.695.2701 | 513.695.1600 |

Children Protective Services

After Hrs./Weekend

| | | |
|----------------------------|--|--------------|
| Brown County CPS | (P) 937.378.6104 (M-F 8a-5p) (F) 937.378.4753 | 937.378.4435 |
| Butler County CPS | (P) 513.868.0888 (F) 513.887.4210 | |
| Clermont County CPS | (P) 513.732.7173 (F) 513.732.7349 | |
| Darke County CPS | (P) 937.548.4132 (M-F 8a-4:30p) (F) 937.548.4928 | 937.548.2020 |
| Fayette County CPS | (P) 740.335.0350 (M-F 7:30a-4:30p) (F) 740.333.3581 | 740.335.6170 |
| Greene County CPS | (P) 937.562.6600 (F) 937.562.6650 | |
| Hamilton County CPS | (P) 513.241.5437 (F) 513.946.2264 | |
| Miami County CPS | (P) 937.335.4103 (M-F 8a-5p) (F) 937.339.7533 or 937.332.9055 | 937.440.9911 |
| Montgomery Co. CPS | (P) 937.224.5437 Select option #2 (F) 937.276.6597 | |
| Preble County CPS | (P) 937.456.6205 (F) 937.456.6086 | |
| Shelby County CPS | (P) 937.498.4981 (M-F 7:30a-4p) (F) 937.498.1492 | 937.498.1111 |
| Warren County CPS | (P) 513.695.1546 (M-F 8a-4:30p) (F) 513.695.2957 | 513.695.1600 |