HOW TO REPORT A MAJOR UNUSUAL INCIDENT (MUI)

Hamilton County Developmental Disabilities Services (HCDDS) operates a Major Unusual Incident (MUI) Hotline for reporting all MUIs. The hotline is a voicemail/on-call system available 24 hours a day, seven days a week.

**MUI Hotline Number: (513) 559-6629**
This hotline will be available 24 hours a day/7 days per week for reporting purposes.

Press 1 to report an MUI...Notification Only
*See MUI Reporting Required Information*

Press 2 to be connected to MUI Intake during business hours

**After Hours Hotline Number: (513) 794-3308**
Press 1 to report an MUI...Notification Only
*See MUI Reporting Required Information*

Press 2 to be connected with the 24 hour emergency line

All written/typed MUIs must be sent to MUI no later than 3 p.m. the following business day.

**MUI Fax Number: (513) 559-6610**
**MUI E-mail Address: muip@hamiltondds.org**
MUI REPORTING PROCEDURES

Physical Abuse, Sexual Abuse, Verbal Abuse, Neglect, Exploitation, Misappropriation, Peer-to-Peer Act, Accidental or Suspicious Death, and Media Inquiries about an MUI

- Must be reported to the MUI Hotline immediately, but no later than 4 hours after discovery of the incident or allegation. All reports must be made verbally by contacting the MUI Hotline.
- By 3 p.m. the next business day, a written Incident Report must be submitted to the HCDDS MUI Unit. The incident report can be faxed or e-mailed to the MUI Unit.
- Reports of physical abuse, sexual abuse, verbal abuse, neglect, misappropriation, exploitation, failure to report, and peer-to-peer acts that are possible criminal acts must also be reported to law enforcement or the Child Abuse Hotline (241-KIDS) immediately in addition to the MUI Unit:
  - If the victim is 21 years of age or older, law enforcement that has jurisdiction where the incident occurred must be notified.
  - If the victim is under the age of 21, the Child Abuse Hotline (241-KIDS) should also be notified.

Prohibited Sexual Relations, Rights Violations, Failure to Report, Attempted Suicide, Non-Accidental/Non-Suspicious Death, Medical Emergency, Missing, Significant Injury, Law Enforcement, Unapproved Behavior Support, and Unscheduled Hospitalization

- All other categories of MUIs should be reported to the MUI Hotline as soon as possible, but no later than 3 p.m. on the next business day after discovery of the MUI. All reports must be made verbally by contacting the MUI Hotline.
- A written incident report must be submitted to the HCDDS MUI Unit no later than 3 p.m. next business day after initial discovery of the MUI.
*MUI Hotline Reporting Required Information*

1) Name of Caller and Agency:_____________________________________________________________

2) Telephone Number where caller can be reached immediately:________________________________

3) Name of the Individual:________________________________________________________________

4) Date of Incident:_________________________________ Time:_______________________________

5) Location of Incident:___________________________________________________________________

6) Description of Incident:______________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

7) Immediate Actions Taken to Ensure Individual’s Immediate Health and Welfare
(Please note: this is more than simply notifications that were made):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

8) Persons Notified of the Incident:________________________________________________________

9) For reports of abuse, neglect, misappropriation, exploitation, and peer-to-peer only:
   • Name of Law Enforcement Agency Notified:__________________________________________
   • Name or Badge Number of Law Enforcement Agency Staff Contacted:____________________
     o Accepting Case: ______________________________________________________________
   • Name of 241-KIDS Staff Contacted (if the individual is under the age of 21):______________
     o Accepting Case: ______________________________________________________________
   • Date and Time Notification Made:__________________________________________________

**This form is a tool to ensure all required information is reported and should not be confused with the actual incident report.**