

**ALLEGED POLICY/REGULATION/
WORK RULE VIOLATION REPORT**
MHAS-20 New 5/18
Ref. AC230D-19; AC230D-20

State of Connecticut
Department of Mental Health and Addiction Services
410 Capitol Avenue, P.O. Box 341431, Hartford, CT 06134

File Number: _____

Alleged Violator: _____ Employee Number: _____ Sex: _____ Race: _____
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INSTRUCTIONS

1. Employee makes oral report to Supervisor or Manager before end of shift.
2. SUPERVISOR notify Labor Relations designee, Safety Services, and/or Affirmative Action immediately as required.
3. SUPERVISOR obtain statements from all witnesses and involved persons before end of shift.
4. SUPERVISOR submit original MHAS-20 and all statements to Division Director, Unit/Program Manager or designee by end of shift.
5. Management designee must fax to Labor Relations Representative, or designee, immediately.
6. Send original MHAS-20 with attachments to Labor Relations Representative, or designee, immediately upon completion.

SUPERVISOR COMPLETE THIS SECTION

Check all applicable boxes, print or write legibly, attach additional sheets as needed.

FACILITY		LOCATION OF INCIDENT (<i>Building, Ward, Floor</i>)		INCIDENT TIME AM PM	
INCIDENT REPORTED BY (<i>name</i>)		TITLE		DATE TIME AM PM	

TYPE OF VIOLATION	ALLEGED ABUSE BY EMPLOYEE		CHECK CORRECT WORK RULE VIOLATION NUMBER (<i>see reverse side for work rules</i>):					
	TYPE	VICTIM	[] #1	[] #5	[] #9	[] #13	[] #17	[] #21
	[] Verbal	[] Client	[] #2	[] #6	[] #10	[] #14	[] #18	[] Other: Indicate appropriate policy or regulation.
	[] Physical	[] Employee	[] #3	[] #7	[] #11	[] #15	[] #19	
	[] Sexual	[] Visitor	[] #4	[] #8	[] #12	[] #16	[] #20	

CHECK IF APPLICABLE	<input type="checkbox"/> Possible Criminal Activity (<i>Notify Safety Services</i>) <input type="checkbox"/> Possible Compliance or Privacy Violation (<i>Notify Compliance or Privacy Officer</i>) <input type="checkbox"/> Possible Affirmative Action Violation or Sexual Harassment (<i>Notify Affirmative Action</i>)				
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PERSONS NOTIFIED	SUPERVISOR/DIV. DIR/UNIT OR PROG MGR. (<i>name</i>)		TITLE	TIME AM PM	DATE	BY (<i>name</i>)
	PUBLIC SAFETY OFFICER (<i>name</i>)		TITLE	TIME AM PM	DATE	BY (<i>name</i>)
	OTHER (<i>name</i>)		TITLE	TIME AM PM	DATE	BY (<i>name</i>)

COMPLETED BY	SUBMITTED TO (Management Designee)		TITLE	TIME AM PM	DATE SUBMITTED
	SIGNATURE (<i>Supervisor</i>)		TITLE	ALL STATEMENTS ATTACHED [] YES [] NO	

General Work Rules
Applicable to All DMHAS Employees, whether Classified or Unclassified

1. Employees shall be responsible for securing prescription and/or nonprescription drugs in their possession while at the work site. An employee taking prescribed medication(s) under the orders of a physician shall report the fact to her/his supervisor if the medication(s) may affect her/his performance.
2. Possession, ingestion or distribution of alcoholic beverages and/or illegal or controlled substances at work sites is prohibited.
3. Racial, ethnic, or sexual harassment of any person is prohibited.
4. Firearms or weapons of any kind are prohibited on work sites.
5. Employees shall maintain current and accurate personal data with their supervisor and the Human Resource Office.
6. Employees shall not conduct any personal business during work hours nor use state or work site telephones or cell phones to place or receive personal calls except in emergencies or with supervisory approval.
7. Unauthorized possession, duplication, or use of agency keys, badges, identification cards or any other State property is prohibited.
8. The removal or destruction of State property, documents, and/or other equipment or material, including client property or records, from work sites without authorization is prohibited.
9. Employees unable to report to work shall call in to their supervisor or designee within one-half hour of the start of their scheduled workday to provide the reason for their tardiness or absence and/or to request the use of earned time, as required. Where continuous operations are involved, a call shall be made at least one-half hour prior to the start of a shift.
10. Employees shall be at their assigned work places at the designated hour ready to work, and remain at work at all times in a fit physical and mental condition until the end of their shift unless excused by their immediate supervisor.
11. Employees are required to work overtime as directed
12. Employees shall not refuse or fail to perform work assigned to them.
13. An employee shall not interfere with the productivity of other employees nor cause any interruption of work.
14. Sleeping or inattentiveness on duty is prohibited.
15. Personal errands, favors or exchanging of personal items, including money, between clients and employees is prohibited.
16. Unauthorized tape recordings, videos, or photographing of clients or employees is prohibited.
17. Employees shall comply with all State and Federal confidentiality laws and regulations and are prohibited from access, use or disclosure of service recipients' protected health information without proper authorization.
18. The development of sexual or otherwise exploitive relationships between employees and clients is prohibited.
19. Physical violence, verbal abuse, inappropriate or indecent conduct and behavior that endangers the safety and welfare of persons or property is prohibited.
20. Employees shall not falsify any client records, work reports, employee records, or other official documents.
21. Employees shall immediately report alleged violations of existing work rules, policies, procedures or regulation to a supervisor.

Note: Reference State Personnel Regulations:

Sec. 5-240-1a. Definitions

- c) "Just cause" means any conduct for which an employee may be suspended, demoted or dismissed and includes, but is not limited to, the following:
1. Conviction of a felony.
 2. Conviction of a misdemeanor committed while on duty.
 3. Conviction of a misdemeanor committed off duty which could impact upon the performance of job responsibilities.
 4. Offensive or abusive conduct toward the public, co-workers, or inmates, patients or clients of State institutions or facilities.
 5. Two successive unsatisfactory service ratings, if filed within two years of each other.
 6. Fraud or collusion in connection with any examination or appointment in the classified service.
 7. Theft, willful neglect or misuse of any state funds, property, equipment, material or supplies.
 8. Deliberate violation of any law, state regulation or agency rule.
 9. Absence without leave for five or more working days or failure to return to duty within five working days following authorized leave.
 10. Use of and/or intoxication from alcohol or illegal drugs while on duty.
 11. Neglect of duty, or other employment related misconduct.
 12. Insubordination, including but not limited to failure to work overtime if directed to do so.
 13. Engaging in any activity which is detrimental to the best interests of the agency or of the state.
 14. Conflict of interest within the meaning of C.G.S. Section 5-266 (a)-1 of the Regulations of Connecticut State Agencies.
 15. Violation of the prohibitions of C.G.S. Section 5-226 (a).

DESCRIPTION OF INCIDENT	(Describe accurately and completely events that occurred. Indicate persons involved. If injury occurred, describe nature of injury, cause and actions taken to treat injury. Use additional 8 1/2 x 11 sheets if necessary.)			
	(*For mandatory overtime violation see reverse side.)			
PERSONS INVOLVED	NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
	NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
	NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
WITNESSES	NAME (last, first, MI)	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
	NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
	NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
	NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)	
	I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.			
COMPLETED BY	SIGNATURE (Supervisor)	TITLE	DATE	TIME AM PM

DESCRIPTION OF INCIDENT	Work Rule #11: Mandatory Overtime					
	1) Statement of direct order to work overtime:					
	2) Statement of employee:					
	3) Notification of consequences of refusal to work mandate:					
	4) Efforts made to avoid mandated overtime:					
	5) Reason for mandated overtime:					
	6) Last overtime worked (voluntary and mandatory); Any OT within pay period preceding incident					
YES [] NO []						
7) Reason for refusal? Provide explanation:						
PERSONS INVOLVED	NAME (last, first, MI)		[] Employee [] Client [] Other	ASSIGNED TO: (bldg/ward/unit)		
	NAME (last, first, MI)		[] Employee [] Client [] Other	ASSIGNED TO: (bldg/ward/unit)		
	NAME (last, first, MI)		[] Employee [] Client [] Other	ASSIGNED TO: (bldg/ward/unit)		
WITNESSES	NAME (last, first, MI)		[] Employee [] Client [] Other	ASSIGNED TO: (bldg/ward/unit)		
	NAME (last, first, MI)		[] Employee [] Client [] Other	ASSIGNED TO: (bldg/ward/unit)		
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	NAME (last, first, MI)		[] Employee [] Client [] Other	ASSIGNED TO: (bldg/ward/unit)		
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COMPLETED BY	SIGNATURE (Supervisor)		TITLE		DATE	TIME AM PM

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1. Describe as accurately and completely as you can the events that occurred. Use other side if necessary.
2. Be sure to number the pages at the bottom.
3. Attach to MHAS-20

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[illegible]

SIGNATURE	DATE	TIME AM PM
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