SHOULD I REPORT?

Do you suspect abuse, neglect, exploitation or self-neglect?

YES

DOES THE INDIVIDUAL HAVE SUBSTANTIAL IMPAIRMENT?

COGNITIVE OR PHYSICAL

• Confusion
• Forgetfulness
• Etc.
• Self-care
• Mobility
• Etc.

YES

REPORT

NO

Does the individual still need assistance?
Contact ADRL for community resources:
1-855-462-5465 option 1

NO

REPORTING OPTIONS

• Online (Internet Explorer)
  https://fw2.harmonyis.net/NDLiveIntake/

• Reporting Form, SFN 1607
  Email to: carechoice@nd.gov or Fax to: 701-328-8744

• Phone if no computer or internet accessibility
  1-855-462-5465, option 2 Available Monday thru Friday 8 a.m.-5 p.m.

Call 911
If imminent harm/danger to individual
OR to request a welfare check.

EVEN IF YOU BELIEVE SOMEONE ELSE HAS FILED A REPORT, WE WANT TO HEAR FROM YOU!

WHEN IN DOUBT, FILL A REPORT OUT!

For guidance on complaints/concerns about HOSPITALS, contact ND State Department of Health 701-328-2372
For guidance on complaints/concerns about NURSING HOMES, contact the Ombudsman 1-855-462-5465, option 3
For guidance on complaints/concerns about GROUP HOMES, contact Protection & Advocacy 701-328-3950

Reports are processed in the order they are received.