

DQA MISCONDUCT REPORTING SYSTEM (MRS) ENTITY USER INSTRUCTIONS

Division of Quality Assurance



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

P-02312A (03/2025)

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I. DQA MISCONDUCT REPORTING SYSTEM (MRS) GENERAL INSTRUCTIONS

The DQA Misconduct Reporting System (MRS) is a secure, web-based system for health care providers regulated by the Division of Quality Assurance (DQA) to submit the [Alleged Nursing Home Resident Mistreatment, Neglect and Abuse Report \(F-62617\)](#) and/or the [Misconduct Incident Report \(F-62447\)](#) forms to the DQA, Office of Caregiver Quality (OCQ) as required by federal and state regulations.

Use of the MRS to submit allegations of misconduct is required unless you are unable to access the system. In that case, reports will be accepted via email at DHSOfficeofCaregiverQuality@dhs.wisconsin.gov, fax, or postal mail.

The MRS can be accessed through the link available on the website here: <https://www.dhs.wisconsin.gov/misconduct/mir.htm>.

IMPORTANT NOTES REGARDING THE MRS

- You may need to adjust the zoom on your browser window in order to view the entire page.
- As a security measure, if the MRS is left idle for 20 minutes, you will be logged out. If you are logged out of the system, unsaved information will be lost. You will need to close **all browser tabs** to reopen the system.
- Once the F-62617 or F-62447 form has been submitted, it can be viewed; however, it cannot be edited.

If you have any questions about submitting reports using the MRS, email the [HelpDesk](#) or call 608-261-4400 or 866-335-2180 (toll free) for assistance.

LOGGING INTO THE MRS

Log into the MRS using your MyWisconsin ID username and password. This will take you to your entity's home page.

Instructions for registering a MyWisconsin ID with the DQA MRS can be found on our webpage under "[DQA Misconduct Reporting System: How to Sign Up](#)." (DQA publication P-02312).

NOTE: If your MyWisconsin ID account has been registered to submit misconduct reports for more than one entity, you will need to select the entity for which you are submitting a report from the MRS home page.

MRS HOME PAGE

The home page will display incident reports that are saved in “draft” status. For nursing homes, the home page will also display incident reports that are awaiting the follow-up submission of the online Misconduct Incident Report (F-62447).

The screenshot displays the MRS Home Page interface. At the top left is the Wisconsin Department of Health Services logo. The page title is "DQA MISCONDUCT INCIDENT REPORTS". A navigation bar contains "HOME", "INCIDENT", and "LOGOUT" links. A search bar is present in the top right corner. Below the navigation bar, there are two links: "Create Nursing Home Resident Mistreatment Form (F-62617)" and "Create Misconduct Incident Report (F-62447)". The main section is titled "ACTIVE REPORTED INCIDENTS FOR THIS FACILITY" and contains a table with the following data:

| Incident ID | Report Type | Facility Name | Affected Person | Date Occurred | Date Submitted | Action | Date F-62447 Due | Incident Status |
|-------------|-------------|---------------|-----------------|---------------|----------------|-----------------------------------|------------------|-----------------|
| [REDACTED] | F-62617 | [REDACTED] | [REDACTED] | | 01/07/2020 | Complete F-62447 Follow up Report | 01/14/2020 | Submitted |
| [REDACTED] | F-62447 | [REDACTED] | [REDACTED] | 06/29/2019 | | | 07/05/2019 | Draft |

Below the table is a pagination control showing "10 items per page" and "1 - 2 of 2 items".

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Version: 2.0.0.0

NAVIGATING BETWEEN SECTIONS

Use the “next,” “save,” or “back” buttons at the bottom of the page to save your work as a draft. **Do not use the tabs at the top to navigate, as this will result in the loss of unsaved information.**

Resident Mistreatment Rep... X

Convert Select

Suggested Sites Web Slice Gallery

Page Safety Tools ?

HOME INCIDENT LOGOUT

Alleged Nursing Home Resident Mistreatment, Neglect, And Abuse Report (F-62617)

Incident ID: 1000561 Form Status: Draft

Instructions Entity Information **Summary of Incident** Brief Summary of Incident Person Preparing This Report Review

AFFECTED RESIDENTS:

Add Affected Person Information

ACCUSED:

Add Accused Person Information

* Allegation: -- Select --

DATE AND TIME DETAILS FOR THE INCIDENT:

Indicate when the incident occurred. If the exact date and time are unknown, make a reasonable estimate and indicate that the date and time are estimated.

* Is date and time when incident occurred known? -- Select --

* Date Discovered Date Discovered

Back: Entity Information Save Next: Brief Summary of the Incident

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100%

II. SUBMITTING F-62617, ALLEGED NURSING HOME RESIDENT MISTREATMENT, NEGLECT, AND ABUSE REPORT (NURSING HOMES ONLY)

From the home page, select “Create Nursing Home Resident Mistreatment Form” to reach DQA form F-62617, *Alleged Nursing Home Resident Mistreatment Report*. To navigate through to the next page, click “Create New Report.”

ENTITY INFORMATION

If you are associated with multiple facilities, review the entity page to ensure you are submitting under the correct facility. If not, change the dropdown menu to the proper facility and restart the process.

The screenshot shows the 'Entity Information' section of the 'Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report (F-62617)'. The form is titled 'DQA MISCONDUCT INCIDENT REPORTS' and includes a navigation bar with 'HOME', 'INCIDENT', and 'LOGOUT'. A dropdown menu in the top right corner is highlighted with a red box. The form fields are as follows:

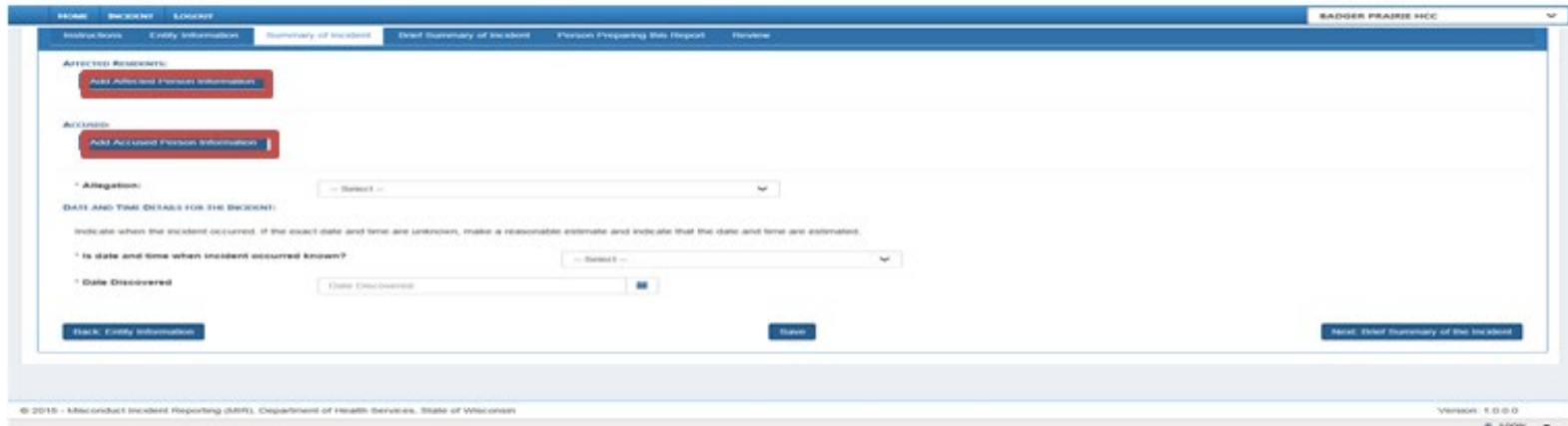
- Incident ID: 1000561
- Form Status: Draft
- Navigation tabs: Instructions, Entity Information (selected), Summary of Incident, Brief Summary of Incident, Person Preparing This Report, Review
- Name - Facility or Entity: [Redacted]
- WI License, Approval, or Registration Number: [Redacted]
- Certification No.: [Redacted]
- Street Address 1: [Redacted]
- Street Address 2: [Redacted]
- City: [Redacted]
- State: [Redacted]
- ZIP Code: [Redacted]
- County: [Redacted]

Buttons: 'Back: Instructions' and 'Next: Summary of Incident'.

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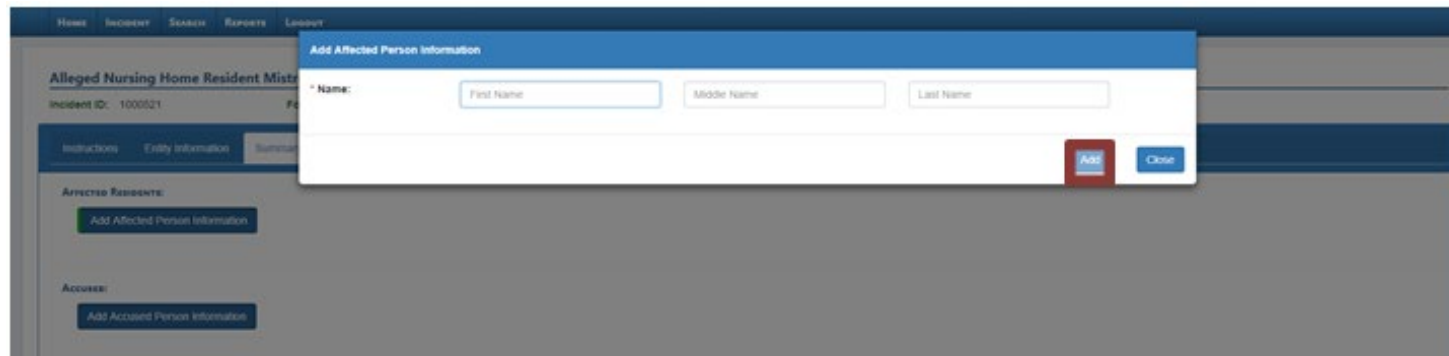
SUMMARY OF INCIDENT

This tab is used to provide information pertaining to the incident including any affected residents, accused persons, the date, time, and details of the incident. You can add multiple affected or accused persons by clicking “Add Affected Person” or “Add Accused Person” again.



The screenshot shows the 'Summary of Incident' tab in the MISRI system. The page is titled 'BADGER PRARISE HEC' and has a navigation bar with 'Home', 'Incidents', 'Search', 'Reports', and 'Logout'. The main content area is divided into several sections: 'Affected Residents' with an 'Add Affected Person Information' button, 'Accused' with an 'Add Accused Person Information' button, 'Allegation' with a dropdown menu, and 'DATE AND TIME DETAILS FOR THE INCIDENT' with a dropdown menu and a 'Date Discovered' field. At the bottom, there are buttons for 'Back: Entry Information', 'Save', and 'Next: Brief Summary of the Incident'. The footer includes the copyright notice '© 2019 - Misconduct Incident Reporting (MISRI), Department of Health Services, State of Wisconsin' and the version 'Version: 1.0.0.0'.

Once you have entered information into the “Add Affected Person Information” pop-up window, you must click “Add” to save. **Clicking on “close” will result in the loss of any information that was entered.**



The screenshot shows the 'Add Affected Person Information' pop-up window. The window has a blue header with the title 'Add Affected Person Information'. Below the header, there are three input fields for 'Name': 'First Name', 'Middle Name', and 'Last Name'. At the bottom right of the window, there are two buttons: 'Add' and 'Close'. The background shows the 'Summary of Incident' page with the 'Add Affected Person Information' button highlighted.

When you are finished, click “Next: Brief Summary of the Incident.”

BRIEF SUMMARY OF INCIDENT

Write a brief summary of the incident in the space provided. When you are finished, click “Next: Person Preparing the Report.”

PERSON PREPARING THIS REPORT

In this section, provide your name, title, and the telephone and email address at which OCQ can contact you regarding this incident.

REVIEW PAGE

In this section, complete your review of the report one last time to ensure all information is correct before submitting it.

1. Tabs that are green indicate all required information has been provided and the report is ready to be submitted to OCQ.
2. Tabs that are red indicate required information is missing and must be completed before submitting to OCQ.

Resident Mistreatment Rep... x

Convert Select

Suggested Sites Web Slice Gallery

HOME INCIDENT LOGOUT

Alleged Nursing Home Resident Mistreatment, Neglect, And Abuse Report (F-62617)

Incident ID: 1000561 Form Status: Draft

Instructions Entity Information Summary of Incident Brief Summary of Incident Person Preparing this Report Review

For any tabs in red, click on 'Edit' button

Expand all Collapse all

ENTITY INFORMATION

Name - Facility or Entity: [REDACTED]

WI License, Approval, or Registration number: [REDACTED] Certification No.: [REDACTED]

Street address 1: [REDACTED] City: [REDACTED] ZIP Code: [REDACTED]

Street address 2: [REDACTED] State: [REDACTED] County: [REDACTED]

SUMMARY OF THE INCIDENT

AFFECTED RESIDENTS:
Unknown

ACCUSED:
Unknown

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100%

III. SUBMITTING DQA FORM F-62447, MISCONDUCT INCIDENT REPORT

For Nursing Homes Only: When you are ready to submit form F-62447 as follow-up to the related form F-62617, locate the incident related to form F-62617 previously submitted and click the link “Create F-62447 Report.” Do not click the “Create Misconduct Report” link.

Other Entity Types: Other entity types are not required to submit form F-62617. Create form F-62447 by clicking the link “Create Misconduct Incident Report (F-62447).”

WISCONSIN DEPARTMENT of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

REPORTING FORMS

Create Nursing Home Resident Mistreatment Form (F-62617)

Create Misconduct Incident Report (F-62447)

ACTIVE REPORTED INCIDENTS FOR THIS FACILITY

| Incident ID | Report Type | Facility Name | Affected Person | Date Occurred | Date Submitted | Action | Date F-62447 Due | Incident Status |
|-------------|-------------|---------------|-----------------|---------------|----------------|-----------------------------------|------------------|-----------------|
| [REDACTED] | F-62617 | [REDACTED] | [REDACTED] | | 01/07/2020 | Complete F-62447 Follow up Report | 01/14/2020 | Submitted |
| | F-62447 | [REDACTED] | [REDACTED] | 06/29/2019 | | | 07/05/2019 | Draft |

10 items per page 1 - 2 of 2 items

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INCIDENT SUMMARY

Provide a detailed summary of the incident and then click “Next: Affected Person Information.”

AFFECTED PERSON INFORMATION

Add additional affected persons discovered and edit the existing affected person information to include demographic and contact information. Once all information is entered for each additional affected person and existing affected person(s), click “Next: Accused Person Information.”

ACCUSED PERSON INFORMATION

Provide additional accused persons discovered and edit the existing accused person to include demographic and contact information. Once all information is entered for each additional accused person and existing accused person(s), click “Next: Law Enforcement Information.”

Note: If information is unknown for the accused, click the checkbox associated with unknown information.

The screenshot displays the 'Add Accused Person Information' form. The form is titled 'Add Accused Person Information' and includes the following fields and instructions:

- INSTRUCTIONS:**
 - * Complete all the required fields marked with an asterisk (*)
 - * Entries must follow the accused person that a report regarding the incident is being filed with the appropriate authority
- PLEASE CHECK IF ACCUSED IS UNKNOWN:** (Red box)
- PLEASE CHECK IF SSN IS UNKNOWN:** (Red box)
- PLEASE CHECK IF HDOB IS UNKNOWN:** (Red box)
- PLEASE CHECK IF GENDER IS UNKNOWN:** (Red box)
- PLEASE CHECK IF DOB IS UNKNOWN:** (Red box)

The form fields include:

- First Name, Middle Name, Last Name
- SSN: Enter Social Security Number
- Telephone Number: Enter Phone Number
- HDOB: -- Select Category --
- Gender: -- Select Gender --
- Position or Title or Relation to affected Person.
- Address: Enter Street Address, Address Line 2, City, State, ZIP Code
- Date of Birth: Enter Date of Birth
- Is the accused person adjudicated incompetent, under 18, or do they have an authorized Power of Attorney for Health Care? (No)

Buttons: Add, Close

LAW ENFORCEMENT INVOLVEMENT

If applicable, complete information regarding law enforcement involvement.

PERSONS WITH KNOWLEDGE

Add any persons with specific knowledge of the incident by clicking the “Add Person with Knowledge” button; then click “Next: Incident Attachment.”

ATTACHMENTS

Upload files that may be related to the incident such as word documents, pdf’s, video, etc. Add a description of the file in the free text box and click “Upload File.” **Ensure that files being uploaded are not password protected.** Once all documents related to the case appear under “List of Documents,” move to the “Prepared By” tab.


The screenshot shows the 'Attachments' tab in the MISconduct Incident Reporting (MIR) system. The breadcrumb trail includes: Entity Information, Incident Summary, Affected Person, Accused Person, Law Enforcement, Person with Knowledge, Attachments, Prepared By, and Review. The main heading is 'ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT'. Below this, there are buttons for 'Prev: Person With Knowledge' and 'Next: Person Preparing Report'. A link for 'For additional instructions CLICK HERE' is also present. The 'UPLOAD NEW DOCUMENT' section contains instructions: 'Please click on 'Choose File' button to select a file and then click on 'Upload File' button to attach the file to the incident.' It features an 'Upload Document:' field with a 'Choose File' button, and a 'Description:' field with an 'Upload File' button. Below this is a 'LIST OF DOCUMENTS' table with columns for Document Name, Document Type, and Description. The table is currently empty, with red boxes highlighting the empty rows. At the bottom, there is a copyright notice: '© 2018 - Misconduct Incident Reporting (MIR), Department of Health Services, State of Wisconsin' and a version number: 'Version: 1.0.0.0'.

PREPARED BY

Complete this section with your information as the person preparing this report and click “Next: Review and Submit.”

REVIEW PAGE

Review the information entered for completeness and accuracy and click “submit Incident.” Submitted reports cannot be edited or deleted.

WISCONSIN DEPARTMENT
of HEALTH SERVICESDQA MISCONDUCT INCIDENT REPORTS

[HOME](#) [INCIDENT](#) [LOGOUT](#)

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1009610

Incident Status: Draft

Expand all

Collapse all

- ENTITY INFORMATION
- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

[Edit Incident](#) [Submit Incident](#) [Delete Incident](#) [Print F-62447](#)

IV. SAVING, EDITING, AND DELETING DRAFTS

SAVING DRAFTS

In the event that a report cannot be completed in one sitting, the draft can be saved to be accessed later at any time by clicking the “Save” button at the bottom of any of the pages of both of the report forms. Once the draft has been saved, the information entered will be retained in the system and can be re-accessed at a later time.

The screenshot displays the 'MISCONDUCT INCIDENT REPORT (F-62447)' interface. At the top, there is a navigation bar with 'HOME', 'INCIDENT', and 'LOGOUT' options. Below this, the incident details are shown: 'Incident ID: 1009610' and 'Incident Status: Draft'. A breadcrumb trail includes 'Entity Information', 'Incident Summary', 'Affected Person', 'Accused Person', 'Law Enforcement' (the active tab), 'Person with Knowledge', 'Attachments', 'Prepared By', and 'Review'. The main section is titled 'LAW ENFORCEMENT INVOLVEMENT'. It features a 'Prev: Accused Person Information' button on the left and a 'Next: Person With Knowledge' button on the right. Below these are 'INSTRUCTIONS' and a dropdown menu for 'Was Law enforcement contacted or involved?'. The form includes fields for 'Officer Name' (First Name, Middle Name, Last Name), 'Department', 'Case Number', 'Address' (Street Address, Address Line 2), 'Telephone Number', 'City', 'State', and 'ZIP Code'. At the bottom center, the 'Save' button is highlighted with a red box, and a 'Cancel' button is positioned to its right. The footer contains the copyright notice '© 2020 - Misconduct Incident Reporting (MIR), Department of Health Services, State of Wisconsin' and the version number 'Version: 2.0.0.0'.

EDITING DRAFTS

To re-access a report that has been saved in draft form --- from the “Home” screen, click on the number in the “Incident ID” column that corresponds with the draft you wish to edit.

WISCONSIN DEPARTMENT of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

REPORTING FORMS

Create Nursing Home Resident Mistreatment Form (F-62617)

Create Misconduct Incident Report (F-62447)

ACTIVE REPORTED INCIDENTS FOR THIS FACILITY

| Incident ID | Report Type | Facility Name | Affected Person | Date Occurred | Date Submitted | Action | Date F-62447 Due | Incident Status |
|-------------|-------------|---------------|-----------------|---------------|----------------|-----------------------------------|------------------|-----------------|
| 1009610 | F-62617 | | | | 01/07/2020 | Complete F-62447 Follow up Report | 01/14/2020 | Submitted |
| | F-62447 | | | 06/29/2019 | | | 07/05/2019 | Draft |

10 items per page 1 - 2 of 2 items

Click on “Edit Incident.”

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DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1009610

Incident Status: Draft

Expand all Collapse all

- ENTITY INFORMATION
- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

Edit Incident Submit Incident Delete Incident Print F-62447

DELETING DRAFTS

Once a report has been submitted, it cannot be deleted. However, a draft report can be deleted by clicking on “Delete Incident” at the bottom of the page. You will be asked by a pop-up window if you are sure you wish to delete the draft. Clicking on “Delete Report” will finalize the deletion. Drafts cannot be retrieved once they are deleted.

HOME INCIDENT LOGOUT

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1009610
Incident Status: Draft

Expand all Collapse all

ENTITY INFORMATION

| | | | |
|---|------------|---------------------------------------|------------|
| Facility Name: | [REDACTED] | Telephone Number: | [REDACTED] |
| Federal Provider or Certification Number: | [REDACTED] | State License or Registration Number: | [REDACTED] |
| Administrator Name: | [REDACTED] | Entity Type: | [REDACTED] |
| Address: | [REDACTED] | County: | [REDACTED] |
| City: | [REDACTED] | State: | [REDACTED] |
| | | ZIP Code: | [REDACTED] |

- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

Edit Incident Submit Incident **Delete Incident** Print F-62447

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V. SEARCHING FOR AND PRINTING PREVIOUSLY SUBMITTED REPORTS

SEARCHING FOR PREVIOUSLY SUBMITTED REPORTS

To search for a previously submitted report, select the “Incident” tab at the top of the home page and click “Search Incident.” Use the search criteria fields to find the incident you need. You must enter at least one search criteria. To view all incidents associated with your entity, select “All” next to the “Incident Status” dropdown.

WISCONSIN DEPARTMENT
of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

SEARCH MISCONDUCT INCIDENT REPORTS

CREATE NURSING HOME RESIDENT MISTREATMENT FORM (F-62617)

CREATE MISCONDUCT INCIDENT REPORT (F-62447)

SEARCH INCIDENT

INSTRUCTION
To search enter search criteria in the fields below.
To clear the search click the Clear button.

Facility Name: Facility

Accused Name: First Name Last Name

Date Discover From: Discover From

Date Discover To: Discover To

Date Occurred From: Occurred From

Date Occurred To: Occurred To

Incident ID: Incident Number

Incident Status: --Select--

Date Submitted From: Submitted From

Date Submitted To: Submitted To

Search Clear

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Version: 2.0.0.0

PRINTING PREVIOUSLY SUBMITTED REPORTS

Forms may be printed (or viewed as a PDF) by clicking on the link in the “Report Type” column, then “Print” at the bottom of that page. Attachments included with the F-62447 will be included under the “Describe Below or Attach a Copy of the Entity’s Investigative Records Concerning the Incident” section. Attachments will not automatically print when using the “Print” button. Each attachment will need to be printed separately.

The screenshot displays the 'VIEW MISCONDUCT INCIDENT REPORT (F-62447)' page. At the top, there are navigation links for 'HOME', 'INCIDENT', and 'LOGOUT'. The incident details shown are: Incident ID: 1012062 and Incident Status: Submitted. There are 'Expand all' and 'Collapse all' buttons. The main content area is titled 'ENTITY INFORMATION' and contains a form with the following fields: Facility Name, Telephone Number, Federal Provider or Certification Number, State License or Registration Number, Administrator Name, Entity Type, Address, County, City, State, and ZIP Code. Below this is a list of report sections: SUMMARY OF INCIDENT, AFFECTED PERSON INFORMATION, ACCUSED PERSON INFORMATION, LAW ENFORCEMENT INVOLVEMENT, PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT, DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT (highlighted with a red box), PERSON PREPARING THIS REPORT, and FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY. At the bottom center, there is a 'Print F-62447' button (highlighted with a red box). The footer contains the copyright information: © 2020 - Misconduct Incident Reporting (MIR), Department of Health Services, State of Wisconsin, and the version number: Version: 2.0.0.0.