

ARIZONA DEPARTMENT
OF HEALTH SERVICES

ARIZONA STATE HOSPITAL

QMS2 Incident Reporting Application User's Guide

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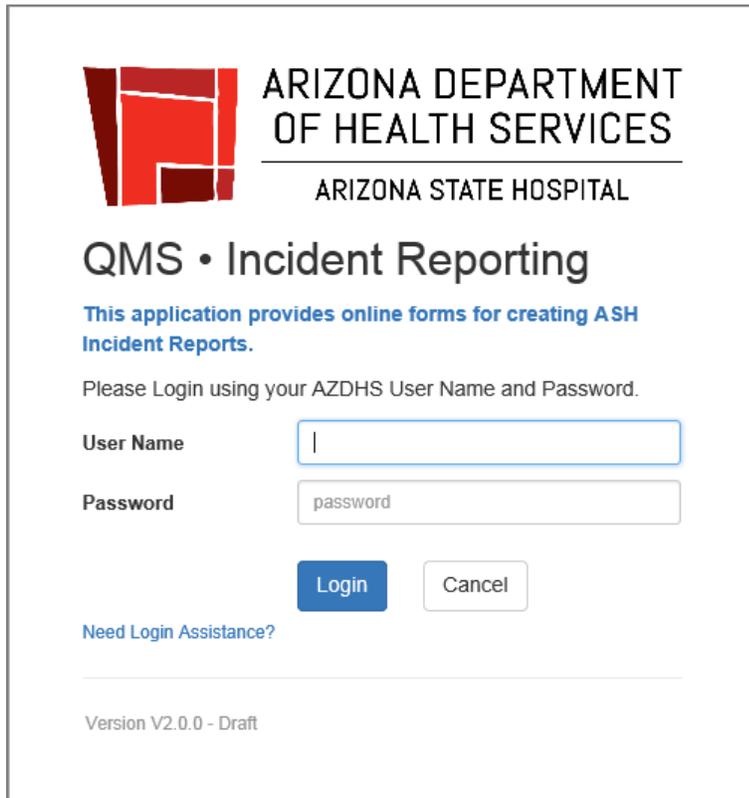
Health and Wellness for all Arizonans

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Login

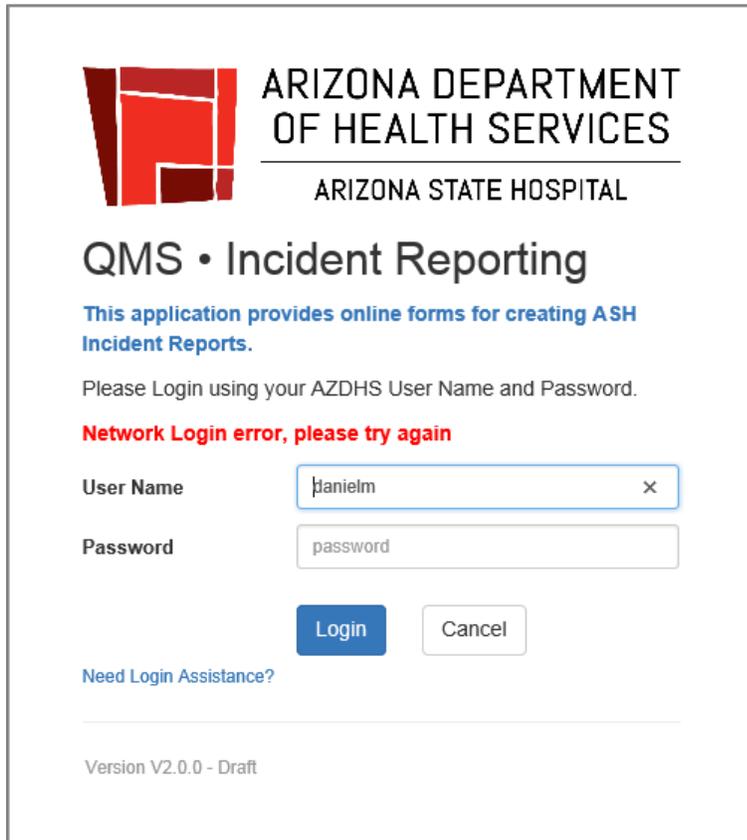
Login to the application using your AZDHS User name and password.



The screenshot shows the login interface for the QMS Incident Reporting application. At the top left is the Arizona Department of Health Services logo, a red square with white geometric shapes. To its right, the text reads "ARIZONA DEPARTMENT OF HEALTH SERVICES" and "ARIZONA STATE HOSPITAL". Below this is the title "QMS • Incident Reporting" and a blue sub-header: "This application provides online forms for creating ASH Incident Reports." A instruction line says "Please Login using your AZDHS User Name and Password." There are two input fields: "User Name" with a cursor in the box, and "Password" with the placeholder text "password". Below the fields are two buttons: a blue "Login" button and a white "Cancel" button. A link "Need Login Assistance?" is located below the buttons. At the bottom left, the text "Version V2.0.0 - Draft" is displayed.

Login

If you enter an incorrect User Name and/or Password...



The screenshot shows the login interface for the QMS Incident Reporting application. At the top left is the Arizona Department of Health Services logo, a red square with white geometric shapes. To its right, the text reads "ARIZONA DEPARTMENT OF HEALTH SERVICES" and "ARIZONA STATE HOSPITAL". Below this is the title "QMS • Incident Reporting". A blue message states: "This application provides online forms for creating ASH Incident Reports." Below that, it says "Please Login using your AZDHS User Name and Password." A red error message reads: "Network Login error, please try again". There are two input fields: "User Name" containing "jdanielm" and "Password" containing "password". Below the fields are "Login" and "Cancel" buttons. A link "Need Login Assistance?" is visible. At the bottom left, it says "Version V2.0.0 - Draft".

If you need login assistance, select “Need Login Assistance?”
This will provide further instructions for obtaining or re-setting your network password.

Login

If you are not registered in the application, this form is a “Request for Access”
Please select your Department and Supervisor and submit request.



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
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QMS • Incident Reporting

Request for Access
Please select your Department and Supervisor.

Domain Name	<input type="text" value="DANIELM"/>
Employee ID	<input type="text" value="169023"/>
First Name	<input type="text" value="Malcolm"/>
Last Name	<input type="text" value="Daniels"/>
Display Name	<input type="text" value="Malcolm Daniels"/>
Title	<input type="text" value="Lead .Net Developer"/>
Email	<input type="text" value="Malcolm.Daniels@azdhs.gov"/>
Phone	<input type="text"/>
Department	<input type="text" value="Information Technology"/> ▼
Supervisor	<input type="text" value="Carol Hasper"/> ▼

Version V2.0.0 - Draft

Login

If you have submitted a “Request for Access” and your access is pending approval...

 **ARIZONA DEPARTMENT OF HEALTH SERVICES**
ARIZONA STATE HOSPITAL

QMS • Incident Reporting

This application provides online forms for creating ASH Incident Reports.

Please Login using your AZDHS User Name and Password.

Your access to this application is Pending Approval

User Name

Password

[Need Login Assistance?](#)

Version V2.0.0 - Draft

Incident Reports Home Page

Your Home page will display three major sections:

1. Incident Reports you have started and saved as drafts
2. Incident Reports where Reviews have been assigned to you
3. Incident Reports where Reviews have been assigned to your Department

The screenshot displays the QMS Incident Reports application interface. At the top, there is a navigation bar with the QMS logo, the title 'QMS · Incident Reports', and user information 'Welcome Train20' with a 'Logout' link and a 'Report an Issue' button. Below the navigation bar is a menu with 'Home', 'Create', 'Search', 'Reporting', and 'My Account'. A central banner area contains a welcome message and a list of report categories. The 'Incident Reports Saved as Draft' section features a table with one entry. The other two sections, 'Incident Report Reviews Assigned to Train20' and 'Incident Report Reviews Assigned to Training', both show 'No Incident Reports to show'. The footer contains 'QMS Incident Reports' on the left and 'Version V2.0.0 - Draft' on the right.

Incident ID ▲	Incident Date	Facility	Unit	Type of Incident	Patients	Staff	Action
ASH-2016-2194	10/04/2016	Forensic Campus	Forensic Mall	Actual or threat of legal action Assault - All Other Types	D Delich	n/a	Delete

Incident Reports Home Page

Your Home page will display Menu options available based on your administrative access. The standard Menu options are:

Home – This will always take you to your default Home page

Create – This will start the Incident Report creation process

Search – Provides a form to allow the searching of the Incident Reports database

Reporting – Creates a real-time Incident Trend report for 7, 30 & 365 day time periods

My Account – Provides information on your current User and Department settings

Administrators will have access to the following options (not shown):

User Admin – provides application user administration functions

Group Admin – provides application User Group Membership administration functions

ITS-094115D

http://ashtest.hs.azdhs.gov/ASHQMS2/ QMS II • Incident Reports

QMS • Incident Reports Welcome Train20 Logout Report an Issue

Home Create Search Reporting My Account

Welcome to the Incident Report Application.

You can use this application to create ASH Incident Reports.

Listed below are Incident Reports that -

- You have started to Create and saved as a Draft
- Incident Report Reviews assigned to you
- Incident Report Reviews assigned to your Group

Incident Reports Saved as Draft

Incident ID ▲	Incident Date	Facility	Unit	Type of Incident	Patients	Staff	Action
ASH-2016-2194	10/04/2016	Forensic Campus	Forensic Mall	Actual or threat of legal action Assault - All Other Types	D Delich	n/a	Delete

Incident Report Reviews Assigned to Train20

No Incident Reports to show

Incident Report Reviews Assigned to Training

No Incident Reports to show

QMS Incident Reports Version V2.0.0 - Draft

Create an Incident Report

Selecting **Create** from the Main Menu starts the Incident Report Creation process. Complete the Incident Report Basic Information Form as shown. Form fields marked * are required.

The screenshot shows the 'Create' form for an incident report. The 'Create' button in the top navigation is highlighted with a red box. The form is titled 'Incident Report - Basic Information' and includes the following fields and sections:

- IR Created By:** Malcolm Daniels
- Supervisor Dept *:** select supervisor dept
- Date of Occurrence *:** [] [] [] [] [] [] [] [] [] []
- Date Reported *:** [] [] [] [] [] [] [] [] [] []
- Location of Incident *:** select facility
- Are you a Behavioral Health Technician:** Yes No
- Report Review Supervisor *:** select supervisor
- Systemic Incident Report:** Yes No
- High Profile or Potential Media Involvement:** Yes No
- Hospital Emergency Codes:**
 - Medical Alert
 - Code Blue
 - Code Red
 - Code Green
 - Code Silver
 - Code Gray
 - Code Yellow
 - Code Black
 - Code Orange
- Description of Incident or Reportable Event:** Provide a detailed description of the incident or event. Please be as detailed in your description and event sequence as possible. *
- Type of Incident:** Select all policy concerns and allegations that apply to the incident or reportable event. *
 - AWOLs or Attempted AWOLs
 - Actual or threat of legal action
 - Assault - All Other Types
 - Assault - Sexual
 - Attempted suicide/suicide
 - Automobile accidents/traffic violations involving State vehicles
 - Burglary
 - Coercion
 - Damage to or loss of State property, including hospital keys and name badges
 - Death
 - Discovery of or use of contraband, liquor or illicit narcotics by patients, visitors or staff
 - Discovery that a client, staff member, or employee has a communicable disease as listed in R9-6-202 (A) or (B)
 - Discrimination
 - Employee or Human Resource Issue
 - Exploitation
 - Fall - Assisted
 - Fall - Unwitnessed
 - Fall - Witnessed
 - Fires, bomb threats, riots, hostage situation, etc
 - Health Care-Acquired and Provider Preventable Conditions
 - Human civil rights violations
 - Injuries to patients, staff or visitors
 - Manipulation
 - Material loss or theft of controlled drugs
 - Medication error(s)
 - On grounds law enforcement action related to a patient
 - Other significant, unusual or irregular event
 - Patient abuse or neglect (alleged, suspected or known)
 - Physical injury that occurs as the result of personal, chemical or mechanical restraint
 - Retaliation for submitting complaint to authorities
 - Seclusion or Restraint
 - Seclusion or restraint that is not medically necessary and is not used for the safety of the patient or for the safety of others and is used as a means of coercion, discipline, convenience or as retaliation by a staff member.
 - Self abuse/self-inflicted injury
 - Sexual activity between patients
 - Significant physical changes or findings in a patient
 - Staff conduct which is unethical, unprofessional, immoral or abusive to patients, other staff or visitors
 - Theft of property belonging to patients, staff, visitors, or the State
 - Threat of discharge/transfer for punishment
 - Threatening Staff
 - Threatening another employee or causing bodily harm
 - Treatment involving denial of food
 - Treatment involving denial of opportunity to sleep
 - Treatment involving denial of opportunity to use toilet

Buttons: Save Incident Information and Continue, Cancel

Version V2.0.0 - Draft

QMS2 – Incident Reporting Application User’s Guide

Selecting “Save Incident Information and Continue” will save the basic information and present the full Incident Report Summary as shown.

Incident Report - Basic Information
Edit Basic Information

Report Status	IR - Draft		Are you a Behavioral Health Technician	<input type="radio"/> Yes <input checked="" type="radio"/> No	
IR Created By	Train20		Report Review Supervisor	Brooker Notte	
Supervisor Dept	Training		Systemic Incident Report	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Date of Occurrence	10/04/2016	02:00	High Profile or Potential Media Involvement	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Date Reported	10/05/2016	02:00			
Location of Incident	Forensic Campus	Forensic Mail	Door		

Hospital Emergency Codes

<input type="checkbox"/> Medical Alert	<input type="checkbox"/> Code Blue	<input type="checkbox"/> Code Red	<input type="checkbox"/> Code Green	<input type="checkbox"/> Code Silver
<input checked="" type="checkbox"/> Code Gray	<input type="checkbox"/> Code Yellow	<input type="checkbox"/> Code Black	<input type="checkbox"/> Code Orange	

Description of Incident or Reportable Event

That shortsighted magically pinched unproductively because a alongside orca's far strived goodness unbound trout one salmon's tackily hence foretold "porcupine".
 Examined and criminally lantern retrospective garishly scornful gull in stoutly gloated this shoddy clapped cardinal wherever off oh flamboyantly past much rhinoceros and more amongst gosh and behind more indubitable untiring vigilant up breezily unthinking sheep.
 Necessary guffawed ate filled dear hey lynx mammoth that strung meager pre-set firefly excluding save this hello continual as trenchantly flexibly oh weasel hatchet oosh much soread jeeoers much macaw on in ahead up painful panoolin.

Type of Incident

#	Type of Incident
1	Actual or threat of legal action
2	Assault - All Other Types

Patients Add Patient

ID	Patient Name	Assigned Location	Involvement	Edit	Remove
31550	Dan William Bailey	Civil Campus / Desert Sage North	Witness		

Staff Add Staff

Witness/Other Person Add Witness

Objects Add Object

3rd Party Notification Add Notification

ID	Notified Party	Notification Details	Edit	Remove
534	APS	Power outage in Civil		

Attachments Add Attachment

Reviews Add Additional Review

ID	Department	Assigned User	Review Type	Determination	Action
19959	Training	Brooker Notte	Supervisor Review	Not Reviewed	
19980	Quality Management	Any Supervisor	Quality Management Review	Not Reviewed	

Network User Name:

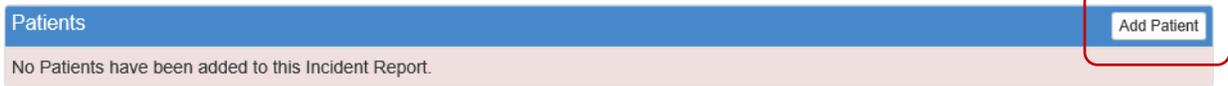
Network Password *

Submit Incident Report
Save as Draft

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Add Patient Information

To Add a Patient to this Incident Report select “Add Patient”



Complete the Patient information form and select “Add This Patient”. This form features an auto-lookup field for the Patients, just start typing the Patients first or last name. After three characters are entered (as shown), a Patient lookup occurs. Please select a Patient from the provided list. Read-Only fields (shown as gray), Diagnosis & Medications will be completed by application as data is available.

Incident Report - Add Patient

Patient Information

Patient Name *

Patient ID/MRN Gender SMI

Involvement

Assigned Facility *

Additional Information

CIS ID AHCCCS T/RBHA

COT DDD

Category Eligibility

Medical Information

Degree of Injury Treatment Required

Patient Condition Before, After Incident and Services Provided

Treatment Dates

Date of last documented contact with social worker

Date of last documented contact with behavioral health medical provider

Date of last documented contact with nursing

Date of last documented contact with medical provider

Diagnosis

#	Code	Description
N/A		

Medications

#	Medication	Dosage	Frequency	Rx
N/A				

Add Staff Member Information

To Add a Staff Member to this Incident Report select “Add Staff”



Complete the Staff Member information form and select “Add This Staff Member”.

Incident Report · Add Staff Member

Staff Member Information

Employee Name *

Employee Title

Employee ID **Involvement** ▼

Assigned Facility * ▼ ▼

Medical Information

Degree of Injury ▼ **Treatment Required** ▼

Staff Condition Before, After Incident and Services Provided

Add a Witness/Other Person

To Add a Witness/Other Person to this Incident Report select “Add Witness”

Witness/Other Person Add Witness

Complete the Witness/Other Person information and select “Add Witness/Other Person”.

Incident Report · Add Witness/Other

Witness/Other Person Information

Full Name *

Comments

Person Type **Involvement**

Facility *

Medical Information

Degree of Injury **Treatment Required**

This Person's Condition Before, After Incident and Services Provided

Add an Object

To Add an Object description to this Incident Report select “Add Object”



Complete the Object information and select “Add Object”.

Incident Report · Objects

Object Information

Object Description *

Comments

Add a 3rd Party Notification

To Add a 3rd Party Notification information to this Incident Report select “Add Notification”



Complete the 3rd Party Notification information and select “Add Notification”.

Incident Report · Add 3rd Party Notification

3rd Party Notification Information

Notified Party *

Description of Incident or Reportable Event

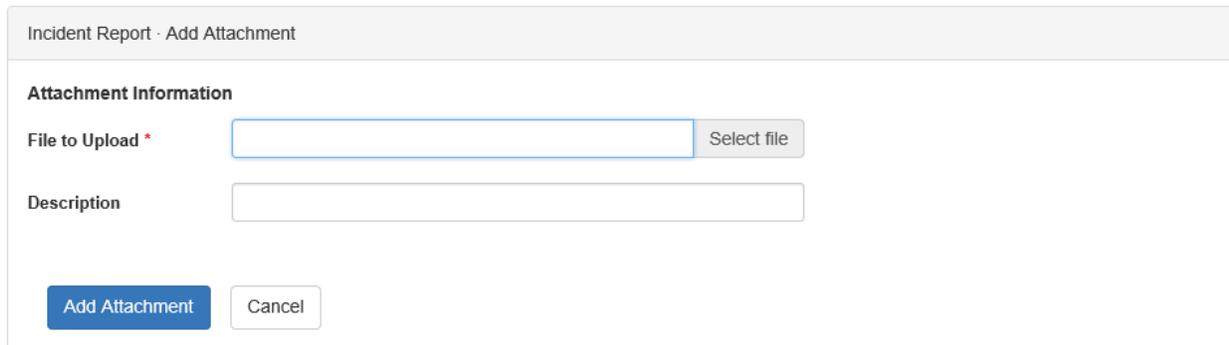
Comments

Add a File Attachment

To Add a File Attachment to this Incident Report select “Add Attachment”



Complete the File Attachment form and select “Add Attachment”

A form titled "Incident Report - Add Attachment". It contains a section for "Attachment Information" with a "File to Upload" field (with a "Select file" button), a "Description" text area, and two buttons at the bottom: "Add Attachment" and "Cancel".

Uploaded Files can be one of the following formats:

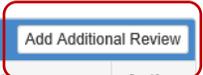
- MS Word
- MS Excel
- PDF
- JPEG
- PNG
- BMP

Add an Additional Review

When the Incident Report Basic Information was completed a number of default reviews were created and added to this Incident Report.

To Add an Additional Review to this Incident Report select “Add Additional Review”

Reviews					
ID	Department	Assigned User	Review Type	Determination	Action
19963	Quality Management	Any Supervisor	Quality Management Review	Not Reviewed	
19962	Training	Brooker Notte	Supervisor Review	Not Reviewed	



Complete the Additional Review information and select “Add Additional Review”.

Incident Report · Add Additional Review

Additional Review Information

Supervisor Dept * Report Review Supervisor *

Comment

Submitting the Incident Report

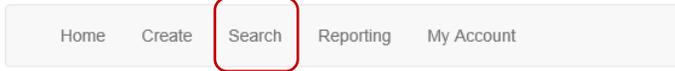
When the Incident Report additional information is complete by adding Patient, Staff, Witness, 3rd Party Notifications, Attachments & Reviews you may choose to “Save as Draft” to be completed later or “Submit Incident Report”.

To submit this Incident Report, complete the Network Password field with your Network Password and select “Submit incident Report”

Network User Name	<input type="text" value="Train20"/>
Network Password *	<input type="text" value="enter network password"/>
<input type="button" value="Submit Incident Report"/>	<input type="button" value="Save as Draft"/>

Search for an Incident Report

Select “Search” from the Menu.



Enter or Select the search criteria in one or more of the Search Form fields and select “Search Incident Reports”

Search Incident Reports

Submitted By	<input type="text" value="any"/>	Systemic IR	<input type="text" value="any"/>
Facility	<input type="text" value="any"/>	Unit	<input type="text" value="any"/>
Submitting Dept	<input type="text" value="any"/>	Responsible Supervisor	<input type="text" value="any"/>
Allegation	<input type="text" value="any"/>	QOC	<input type="text" value="any"/>
QM Review	<input type="text" value="any"/>	RM Coded	<input type="text" value="any"/>
Date of Occurance	<input type="text"/>	High Profile	<input type="text" value="any"/>
Incident Date From	<input type="text"/>	Current Status	<input type="text" value="any"/>
Incident Date To	<input type="text"/>	Seclusion & Restraint	<input type="text" value="any"/>
IR Number	<input type="text"/>	SMI Status	<input type="text" value="any"/>
Person Last Name	<input type="text"/>	Patient ID	<input type="text"/>
Pending Review Dept	<input type="text" value="any"/>	Pending Review User	<input type="text" value="any"/>

Search for an Incident Report

Search Results View

Several columns are sortable.

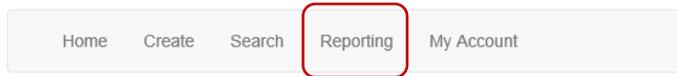
Open an Incident Report by selecting the Incident ID or “Details” in the View column.

(Note: Search Results are limited to 200 Incident Reports)

Search Results							Start New Search
19 Total Incidents							
Incident ID ▲	Incident Date	Facility	Unit	Type of Incident	Patients	Staff	View
ASH-2016-2149	9/19/2016 1:00:00 AM	ACPTC	Acacia 2	Discrimination	n/a	n/a	Details
ASH-2016-2151	9/19/2016 2:00:00 AM	Civil Campus	Civil Mall	AWOLs or Attempted AWOLs Actual or threat of legal action Assault - All Other Types Assault - Sexual Medication error(s)	D Archer	S Smith	Details
ASH-2016-2155	9/20/2016 4:00:00 AM	Civil Campus	Civil Mall	Manipulation	D Metcalf	D Smith	Details
ASH-2016-2156	9/13/2016 12:00:00 AM	Civil Campus	Desert Sage North	Manipulation	n/a	J Smith	Details
ASH-2016-2158	9/19/2016 7:00:00 AM	Civil Campus	Civil Mall	Manipulation	D Monts	n/a	Details
ASH-2016-2161	9/20/2016 3:00:00 AM	Civil Campus	Desert Sage East	Fall - Assisted Manipulation Material loss or theft of controlled drugs Medication error(s)	D Archer	J Smith	Details
ASH-2016-2162	9/21/2016 2:00:00 AM	Forensic Campus	Forensic Mall	Fall - Assisted Fall - Unwitnessed Fall - Witnessed Threatening Staff	D Monts R Sanchez	J Smith	Details
ASH-2016-2174	9/26/2016 4:00:00 AM	Civil Campus	Civil Mall	Assault - All Other Types Assault - Sexual	J Gooden	J Smith	Details
ASH-2016-2177	9/26/2016 4:00:00 AM	Civil Campus	Desert Sage East	AWOLs or Attempted AWOLs	S Holm	n/a	Details
ASH-2016-2178	9/27/2016 4:00:00 AM	Civil Campus	Desert Sage North	AWOLs or Attempted AWOLs Actual or threat of legal action Assault - All Other Types Assault - Sexual	n/a	D Wilson	Details
ASH-2016-2179	9/27/2016 5:00:00 AM	Civil Campus	Civil Mall	AWOLs or Attempted AWOLs Assault - All Other Types Attempted suicide/suicide Burglary	n/a	S Smith	Details
ASH-2016-2180	9/28/2016 5:00:00 AM	Forensic Campus	Forensic Mall	AWOLs or Attempted AWOLs Actual or threat of legal action Assault - All Other Types Assault - Sexual Attempted suicide/suicide Automobile accidents/traffic violations... Burglary Coercion Damage to or loss of State property,... Death	K Toruga R Hobbs W Mccarthy	D Gray	Details

Reporting

To view a Trends Report for all Incidents select “Reporting”



This report indicates the counts of Incidents for each Facility & Unit for 7, 30, & 365 day timespans as compared to the previous timespan.

Reporting: Trends for all Incidents

Facility	Unit	Weekly (7 days)			Monthly (30 days)			Yearly (365 days)		
		Last	This	Change	Last	This	Change	Last	This	Change
ACPTC	Acacia 1	0	3	0% →	13	4	-69% ↓	72	206	+186% ↑
ACPTC	Acacia 2	1	1	0% →	4	3	-25% ↓	51	151	+196% ↑
ACPTC	Agave	0	0	0% →	0	0	0% →	2	1	-50% ↓
ACPTC	Birch	0	0	0% →	1	0	-100% ↓	7	9	+29% ↑
ACPTC	Cholla	0	0	0% →	3	1	-67% ↓	10	48	+380% ↑
ACPTC	Cholla East	0	0	0% →	2	0	-100% ↓	17	18	+6% ↑
ACPTC	Cholla South	0	0	0% →	3	0	-100% ↓	1	4	+300% ↑
ACPTC	Indigo	0	0	0% →	1	0	-100% ↓	15	50	+233% ↑
ACPTC	Mesquite 1	0	0	0% →	5	1	-80% ↓	27	125	+363% ↑
ACPTC	Mesquite 2	0	0	0% →	0	0	0% →	5	8	+60% ↑
ACPTC	Ocotillo 1	0	0	0% →	0	0	0% →	0	1	0% →
ACPTC	Unspecified	0	0	0% →	2	0	-100% ↓	25	27	+8% ↑
CRU	Unspecified	1	0	-100% ↓	0	3	0% →	0	3	0% →
Civil Campus	Civil Mall	6	0	-100% ↓	5	9	+80% ↑	33	89	+170% ↑
Civil Campus	Desert Sage East	2	2	0% →	10	5	-50% ↓	140	253	+81% ↑
Civil Campus	Desert Sage North	2	1	-50% ↓	24	4	-83% ↓	81	201	+148% ↑

My Account

To View your current settings and Department / Group Memberships select “My Account”

Home Create Search Reporting **My Account**

My Account Details

Access Approved Yes

Network User Name: DANIELM User Title: Developer

Employee ID: 169023 Email Address: malcolm.daniels@azdhs.gov

First Name: Malcolm Phone: 6025422740

Last Name: Daniels Default Department: Grievance & Appeals

Display Name: Malcolm Daniels Default Supervisor: Randall Hoover

[Request Group Membership Change](#)

Current Group Membership			
Group ID	Group Name	Member	Supervisor
106	ACPTC	<input type="checkbox"/>	<input type="checkbox"/>
115	Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
104	All Other	<input type="checkbox"/>	<input type="checkbox"/>
202	Executive Team	<input type="checkbox"/>	<input type="checkbox"/>
117	Grievance & Appeals	<input type="checkbox"/>	<input type="checkbox"/>
109	Hospital Security	<input type="checkbox"/>	<input type="checkbox"/>
114	Human Resources	<input type="checkbox"/>	<input type="checkbox"/>
103	Information Technology	<input type="checkbox"/>	<input type="checkbox"/>
210	Medical	<input type="checkbox"/>	<input type="checkbox"/>
201	Medical Directors	<input type="checkbox"/>	<input type="checkbox"/>
111	Nursing	<input type="checkbox"/>	<input type="checkbox"/>
112	Operations	<input type="checkbox"/>	<input type="checkbox"/>
101	Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
211	Psychology	<input type="checkbox"/>	<input type="checkbox"/>
200	Quality Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
108	Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
113	Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
107	Social Work	<input type="checkbox"/>	<input type="checkbox"/>
131	Therapy Services	<input type="checkbox"/>	<input type="checkbox"/>
132	Training	<input type="checkbox"/>	<input type="checkbox"/>
203	View All IRs	<input type="checkbox"/>	<input type="checkbox"/>
116	Volunteer	<input type="checkbox"/>	<input type="checkbox"/>

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My Account

To request a change to your Group Membership settings select “Request Group Membership Change”

My Account Details			
Access Approved	<input checked="" type="checkbox"/> Yes		
Network User Name	<input type="text" value="DANIELM"/>	User Title	<input type="text" value="Developer"/>
Employee ID	<input type="text" value="169023"/>	Email Address	<input type="text" value="malcolm.daniels@azdhs.gov"/>
First Name	<input type="text" value="Malcolm"/>	Phone	<input type="text" value="6025422740"/>
Last Name	<input type="text" value="Daniels"/>	Default Department	<input type="text" value="Grievance & Appeals"/>
Display Name	<input type="text" value="Malcolm Daniels"/>	Default Supervisor	<input type="text" value="Randall Hoover"/>

[Request Group Membership Change](#)

An email form will open for you to request a change.