COMPLAINT REPORT

This form is intended to document complaints received in the licensing office. Unless the complaint is considered harassment, a licensing visit must be conducted within 10 calendar days after receipt of the complaint.

☐ URGENT ☐ PRIORITY NO. _____ ☐ RIS REFERRAL

DISTRICT OFFICE	VISIT DUE DATE	CONTROL NUMBER

REPORT

REPORTED ☐ IN PERSON ☐ BY LETTER ☐ BY TELEPHONE

COMPLAINANT NAME

ADDRESS STREET

CITY ZIP CODE

TELEPHONE NUMBER (DAY) AREA CODE ( )

TELEPHONE NUMBER (EVENING) AREA CODE ( )

RELATIONSHIP/INVOLVEMENT WITH FACILITY

WAS ABUSE REPORT REQUIRED AND FILED? ☐ YES ☐ NO

DOES COMPLAINANT WISH TO REMAIN ANONYMOUS? ☐ YES ☐ NO

FACILITY INFORMATION

TYPE OF FACILITY

FACILITY FILE NUMBER

FACILITY NAME

ADDRESS STREET

CITY ZIP CODE

TELEPHONE NUMBER AREA CODE ( )

NATURE OF COMPLAINT *(Separate complaint into specific allegations and assign one of the following complaint codes:)*

1. Physical Abuse/Corporal Punishment
2. Sexual Abuse
3. Personal Rights
4. Unlicensed Care
5. Fire Clearance
6. Crimes
7. Physical Plant
8. Record Keeping
9. License
10. Neglect/Lack of Supervision
11. Food Service
12. False Statements
13. Medication
14. Financial Abuse
15. Level of Care
16. Qualifications
17. Financial Issues
18. Questionable Death
19. Other

COMPLAINT CODE	ALLEGATIONS	RESOLUTION CODE S	US	U

RECEIVED BY	DATE	TIME

DETAILS OF ALLEGATION(S)/DESCRIPTION OF INCIDENT(S)

PRE-INVESTIGATION CONTACT WITH COMPLAINANT	POST-INVESTIGATION CONTACT WITH COMPLAINANT
DATE CONTACTED	DATE CONTACTED
PERSON CONTACTED	PERSON CONTACTED
HOW CONTACTED ☐ TELEPHONE ☐ LETTER ☐ IN PERSON	HOW CONTACTED ☐ TELEPHONE ☐ LETTER ☐ IN PERSON
COMMENTS	**COMMENTS**

SUMMARY OF OTHER CONTACTS/REPORTS

FOLLOW-UP/COMMENTS:

LICENSING EVALUATOR'S SIGNATURE	DATE	LICENSING SUPERVISOR'S SIGNATURE	DATE