

DEPARTMENT OF SOCIAL SERVICES



DATE OF COMPLAINT

FACILITY NAME

FACILITY NUMBER

SUBJECT: COMPLAINT RESPONSE

Your complaint regarding the facility referenced above has been received and the following action has been taken:

- The complaint will be investigated promptly and you will be provided with a report of the findings.

- Your complaint has been referred to the following agency, which has responsibility for appropriate action:

Sincerely,

Licensing Evaluator

DEPARTMENT OF SOCIAL SERVICES



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REPORT OF FINDINGS

- The complaint could not be substantiated by the licensing evaluator.
- The complaint was not determined to be a violation of any licensing statute or regulation.
- Your complaint was substantiated and corrective action has been initiated. The Licensing Report (LIC 809) with plan of correction is available for your review in this office.

AUTHORIZED SIGNATURE	DATE
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