

COMPLAINT NARRATIVE INVESTIGATION REPORT (5 day)

Name of Facility: _____ Phone Number: _____
Administrator Name: _____ License Number: _____
Resident Name: _____ DOB: _____
Date of incident: _____ Incident Report Number: _____

Brief Summary of incident:

Facility Actions after the incident:

Future Preventative/Corrective Action for resident(s) health and safety:

Conclusion:

If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated

Report completed by:

Name, Title and Phone Number

**SEND THE 5 DAY FOLLOW UP REPORT TO: DHI
COMPLAINTS UNIT, PO BOX 26110, SANTA FE,
NM 87505 ALTERNATELY, YOU MAY FAX IT TO:
888-576-0012**

