

Name of Facility: _____

Address: _____ Phone # _____ License# _____

Administrator Name: _____

COMPLAINT NARRATIVE INVESTIGATION FOLLOW-UP REPORT (5 day)

Resident Name: _____ **Date of incident:** _____

Brief Summary of incident: (use additional pages in needed)

Facility Action after the incident: (use additional pages in needed)

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

(use additional pages in needed)

Conclusion: _____

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

Report completed by:

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
• <http://www.dhi.health.state.nm.us>

