

(NOTE, IF THERE IS MORE THAN ONE CLIENT/COMPLAINANT INVOLVED PLEASE ENTER ADDITIONAL INDIVIDUALS BELOW.)

*SUMMARY OF ALLEGATION:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PERSONS INTERVIEWED:**

[illegible]

**DOCUMENTS REVIEWED:**


*RELEVANT BACKGROUND INFORMATION ON COMPLAINANT/CLIENT(S):* \_\_\_\_\_


*RELEVANT BACKGROUND INFORMATION ON PERSON(S) COMPLAINED OF:* \_\_\_\_\_


*SUMMARY OF FINDINGS (NARRATIVE):* \_\_\_\_\_





*CONCLUSIONS:* \_\_\_\_\_



COMPLAINT AS ALLEGED IS: ☐ SUBSTANTIATED ☐ SUBSTANTIATED IN PART ☐ UNSUBSTANTIATED

☐ FACT FINDER RECOMMENDATIONS (OPTIONAL) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE DECISION SENT OR GIVEN TO CLIENT: \_\_\_\_/\_\_\_\_/\_\_\_\_.

(DECISION NEEDS TO INCLUDE OPTION FOR CLIENT TO PURSUE RECONSIDERATION TO HOSPITAL OR APPEAL  
DIRECTLY TO DMH LICENSING OFFICE.)

DATE RECONSIDERATION FILED: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACTION TAKEN ON RECONSIDERATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAMPLE