Department of Health Care Services
Licensing and Certification Division
MS 2600
PO Box 997413
Sacramento, CA 95899-7413

PROGRAM INVESTIGATIVE REPORT

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILIY NAME:	COMPLAINT INVESTIGATION NUMBER:
REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.		

SUMMARY (Continued):

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I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ **Program/Facility Representative**	PAGE: _____ **of** _____