

PROGRAM INVESTIGATIVE REPORT

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
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.			

PROGRAM/FACILITY LEGAL NAME:	DATE OF SITE VISIT: N/A (ADD DATE IF SITE VISIT CONDUCTED)
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ADDRESS:

TYPE OF REPORT: <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> UNLICENSED <input type="checkbox"/> DEATH <input type="checkbox"/> COUNSELOR MISCONDUCT – The Counselor Investigative Report may be referred upon.	TYPE OF PROGRAM/FACILITY: (Please check all that applies) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NONRESIDENTIAL <input type="checkbox"/> DETOXIFICATION <input type="checkbox"/> NTP <input type="checkbox"/> DUI <input type="checkbox"/> AOD LICENSED <input type="checkbox"/> DMC CERTIFIED <input type="checkbox"/> ADOLESCENT <input type="checkbox"/> PERINATAL <input type="checkbox"/> AOD CERTIFIED <input type="checkbox"/> COUNTY OPERATED <input type="checkbox"/> CDCR AFTER CARE PROGRAM
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THE FOLLOWING INVESTIGATIVE REPORT IS BEING ISSUED:

NO DEFICIENCY (Licensed and/or Certified Programs)
 DEATH INVESTIGATION (Licensed and/or Certified Programs)
 CERTIFICATION (AOD Certified Programs)
 NOTICE OF DEFICIENCY (Licensed Programs)
 INTERDEPARTMENTAL REFERRAL

The investigation was conducted in accordance with *California Code of Regulations (CCR), Title 9, Chapter 5, and/or the Alcohol and/or Other Drug Program Certification Standards* which may include the following: inspection of the program premises, review of program policies, procedures, staff and resident file(s), and the interview of residents and staff. In addition, the complaint analyst shall notify the licensed and/or certified program/facility director or his/her designee of the allegation(s) during the exit conference.

ANALYST SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
TELEPHONE: (916)		TELEPHONE: (916)	

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INVESTIGATIVE SUMMARY

Analyst, **NAME OF ANALYST**, has reviewed the complaint against the above-mentioned facility. It has been determined by the Department that no further action is required. As a result, the complaint is closed.

Please add additional comments, if necessary.