

CONFIDENTIAL

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Program Investigative Report, the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

PROGRAM/FACILITY NAME:	COMPLAINT INVESTIGATION NUMBER:
PROGRAM/FACILITY LOCATION:	PROGRAM/FACILITY IDENTIFICATION NUMBER:
ANALYST(S) NAME:	DATE(S) OF VISIT:

Complaint Investigator [NAME] made an unannounced complaint visit to the above address on [DATE] to investigate complaint number [#]; also present during the course of the investigation was/were [NAME, TITLE].

FACILITY WALK-THROUGH
•

RESIDENT FILE REVIEW
•

PERSONNEL FILE REVIEW
•

RESIDENT INTERVIEWS
•

PERSONNEL INTERVIEWS
•

OTHER FINDINGS
•

SIGNATURE OF ANALYST(S)

DATE