STATE COMPLAINT LOG

FACILITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| ResidentsName | Date called in to the State | Time Occurred | Location | Date follow-up report competed | Description ofIncident | RDCNotified | Complaint # | Family Notified | PhysicianNotified  |
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