STATE COMPLAINT LOG

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

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| Residents  Name | Date called in to the State | Time  Occurred | Location | Date follow-up report competed | Description of  Incident | RDC  Notified | Complaint  # | Family  Notified | Physician  Notified |
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