

**COMPLAINT FINAL REPORT FORM**

*CONFIDENTIAL*

Persons contacted in Investigation:


Documents reviewed in the Investigation:


Regulations potentially impacted:


Summary of factual scenario:


Analysis of Facts:


Analysis of Risk:

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**Recommendations for Action Needed:**

(State steps recommended to mitigate any risk of violation of law and any risk to the complainant, patient/employee and Provider or state that no further action is needed)

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Report Made By: \_\_\_\_\_

Date: \_\_\_\_\_