NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

DR. TRACIE C. COLLINS, M.D.
Secretary-Designate

COMPLAINT NARRATIVE INVESTIGATION REPORT (5 day)

Name of Facility: _____
Address: _____Phone #_____
License#_____
Administrator Name: _____

Resident Name: _____ DOB: _____
Date of incident: _____

Brief Summary of incident:

_____
_____
_____

Facility Actions after the incident:

_____
_____
_____

Future Preventative/Corrective Action for resident(s) health and safety:

_____
_____
_____
_____
_____

Conclusion:

_____
_____
_____
_____

If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated

Report completed by:

_____
Name, Title and Phone Number

SEND THE 5 DAY FOLLOW UP REPORT TO:
DHI COMPLAINTS UNIT, PO BOX 26110, SANTA FE, NM 87505
ALTERATELY, YOU MAY FAX IT TO: 888-576-0012
• www.dhi.health.state.nm.us

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