



COMMUNITY AND
HEALTH SYSTEMS

To Be Completed by the Department

Program Name
License Number
Date original complaint filed (BCHS-SUD-200)
Date Appeal filed with Regional Entity Consultant (BCHS-SUD-210)
Date Appeal Received (BCHS-SUD-220)

**Substance Use Disorder Programs
DEPARTMENTS INVESTIGATION REPORT**

<p>1. Findings: The allegations in this appeal have been investigated (insert form numbers). The findings are as follows:</p> <p> <input type="checkbox"/> Support the allegations <input type="checkbox"/> Do not support the allegations <input type="checkbox"/> Support the allegations in part <input type="checkbox"/> Are inconclusive </p>	
<p>2. Narrative summary of investigation and findings are enclosed (department investigation attached)</p>	
<p>3. Correction Action: <input type="checkbox"/> Remedial (Corrective) action is not required <input type="checkbox"/> Remedial (Corrective) action required</p> <p>If required, remedial action to be taken by the program and time limits to be implemented: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Submitted by: _____</p> <p align="center">The Department Signature</p>	<p>_____</p> <p align="center">Date</p>

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