



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
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Kathy Slater Huff, Deputy Secretary
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COMPLAINT NARRATIVE INVESTIGATION REPORT (5 day)

Name of Facility: _____ Phone Number: _____
Administrator Name: _____ License Number: _____
Resident Name: _____ DOB: _____
Date of incident: _____ Incident Report Number: _____

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 H, SANTA FE, NM7504
ALTERATELY, YOU MAY FAX IT TO: 888-576-0012**