



HEALTH CARE  
AUTHORITY

**Michelle Lujan Grisham, Governor**  
Kari Armijo, Secretary  
Alex Castillo Smith, Deputy Secretary  
Kathy Slater Huff, Deputy Secretary  
Kyra Ochoa, Deputy Secretary

**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**