LARA
LICENSING AND REGULATORY AFFAIRS

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

1. **Findings:** The allegations in this appeal have been investigated (insert form numbers). The findings are as follows:

   ☐ Support the allegations ☐ Do not support the allegations

   ☐ Support the allegations in part ☐ Are inconclusive

2. **Narrative summary of investigation and findings are enclosed** (department investigation attached)

3. **Correction Action:** ☐ Remedial (Corrective) action is not required ☐ Remedial (Corrective) action required

   If required, remedial action to be taken by the program and time limits to be implemented: _____

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Submitted by: _____ _____

The Department Signature **Date**

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