

**BUREAU OF COMMUNITY AND HEALTH SYSTEMS
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR) REQUEST
CIVIL MONETARY PENALTY**

Please submit this completed form and IIDR supporting documents via the iMPROve Health Portal. Instructions for an electronic submission are provided at the following link: <https://www.mpro.org/review-services/informal-dispute-resolution/>. For questions, please contact Charlene Kawchak-Belitsky at 248-465-1038 or Aris Rhodes-Bond at 248-465-7405.

Attach to this form your factual evidence that you believe refute the requested tags (citations) for IIDR. Please explain if the attached evidence was not available at the time of survey:			
Facility Contact Person:		Date:	
Email Address:		Phone Number:	
Facility Name:		Survey Exit Date:	
Date Facility Received CMS-2567 Survey Report:		Event ID Number:	
		<input type="checkbox"/> Standard Survey OR <input type="checkbox"/> Abbreviated Survey	
List all tags (citations) requested for IIDR:			
Example: F551/J	3.	6.	9.
1.	4.	7.	10.
2.	5.	8.	11.
Attach to this form your factual evidence that you believe refute the requested tags (citations) for IIDR. Please explain if the attached evidence was not available at the time of the survey.			