

Agency:		LOCAL AGENCY LOG FOR EMPLOYEE COMPLAINTS				Investigator Use Only		
Employee Name	Clinic of Occurrence	Employee ID No. (if applicable)	Com-plaint No.	Date	Other Information	Violation Type	Initials	Date
SAMPLE: Tom Jones	Clinic B	222-02-2222	Order Consequentially 001	9/9/10	1 st offense	Issued benefits to self	KD	9/26/10
			002					
			003					
			004					
			005					
			006					
			007					
			008					
			009					
			010					
			011					
			012					
			013					
			014					