## COMPLAINT LOG

| Beneficiary Name | ADDRESS | PHONE NUMBER | CLAIM NUMBER | COMPLAINT<br>SUMMARY | DATE REC'VD/<br>Date<br>Resolved | NAME OF STAFF<br>RECEIVING<br>COMPLAINT | SUMMARY OF<br>ACTIONS TAKEN<br>TO RESOLVE<br>COMPLAINT | IF INVESTIGATION<br>WAS NOT<br>CONDUCTED,<br>WHO MADE THE<br>DETERMINATION | WHY WAS THE<br>DETERMINATION<br>MADE NOT TO<br>INVESTIGATE |
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The facility has only 14 days from the time the complaint is lodged until resolution must be made. A copy of the letter you send to the patient must be maintained by the facility.