*Complaint Response Form*

**CONFIDENTIAL**

**OFFICE OF THE STATE INSPECTOR GENERAL**

***Behavioral Health and Developmental Services unit***

**INVESTIGATIVE/COMPLAINT REPORT**

**Section One**

**(Must be filled out for all complaints)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPLAINT NUMBER:** | | | |  |
| **LOCATION OF INCIDENT:** | | | |  |
| **DATE/TIME OF INCIDENT:** | | | |  |
| **DATE OF REPORT:** | | |  | |
| **INVESTIGATOR(S):** | | |  | |
| **COMPLAINANT(S):** | | |  | |
| **VICTIM:** | |  | | |
| **SUBJECT(S):** | |  | | |
| **ALLEGATION(S):** | |  | | |
| **FINDINGS:** |  | | | |

**Section Two**

**(For allegations involving Abuse, Neglect, or Inadequate Care)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **INTERVIEW OF COMPLAINANT(S):** | | | | | | | | | | |
|  | **Name/Title:** | | |  | | | | | | |
|  | **Pertinent information:** | | |  | | | | | | |
| 1. **INTERVIEW OF SUBJECT(S):** | | | | | | | | | | |
|  | **Name/Title:** | | |  | | | | | | |
|  | **Pertinent information:** | | |  | | | | | | |
| 1. **INTERVIEW OF WITNESSES**: | | | |  | | | | | | |
| 1. **PHYSICAL EVIDENCE COLLECTED**: | | | |  | | | | | | |
|  | | | | | | | | | | |
| 1. **VIDEO EVIDENCE AVAILABLE**: | | | | | | |  | Yes |  | No |
|  | | | | | | | | | | |
| 1. **INJURIES**: | |  | Yes | |  | No | | | | |
|  | | | | | | | | | | |
| 1. **DOCUMENTS/ FILES REVIEWED**: | | | |  | | | | | | |
| 1. **DOCUMENTS/ FILES REVIEWED**: | | | |  | | | | | | |
| 1. **EXHIBITS (ATTACHMENTS)**: | | | |  | | | | | | |
| 1. **FINDINGS:** | | | |  | | | | | | |
| 1. **STATUS**: | | | |  | | | | | | |