*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**:
 |  |