IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF LICENSING & CERTIFICATION
BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID  83720-0009

Informal Dispute Resolution Request

Facility Name: ___________________________  Survey Exit Date: ________________

Type of Hearing requested: _______ In Person ________ Phone ________ Mail

Legal Counsel will be present: _______ Yes _______ No

Please use a separate form for each Tag in dispute. Give the Tag number, the number of the example(s) in dispute, and a brief summary of the facts that you believe refute the Tag findings. Attach additional pages, if necessary.

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<th>Tag No.:</th>
<th>Example Nos.:</th>
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Facts that refute the Tag findings:

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Facility Contact Person: _______________  Date: _______________  Phone #: ____________

Please attach relevant documentation, INCLUDING A COPY OF THE DISPUTED TAGS FROM THE SURVEY REPORT.

Response – Level 2

Deficiency is:  

☐ Supported in Full  ☐ Amended  ☐ Deleted

Reason: ____________________________________________

________________________________________________________________________

Chairman’s Signature: ___________________________  Date: __________________________