Independent Informal Dispute Resolution Request

Submit **1** form for each disputed deficiency with a copy of relevant 2567 pages and all evidence you believe relevant to your argument to: Nancy Main, IIDR Coordinator, The Bureau of Facility Standards, 3232 Elder Street, Boise Idaho, 83705 or to P.O. Box 83720, Boise Idaho 83720-0009.

All evidence must:

a) Have existed in the submitted form & content as of the survey date
b) Include the identification number of the resident identified in the deficiency. All resident names must be redacted
c) Be relevant to each deficiency and/or resident example
d) Clearly identify which part of the document disputes cited findings
e) Include documentation the date/time of creation and authentication for any electronic records

Facility Name: _____ Survey Exit Date: _____

Facility Contact Person: _____ Phone #: _____
F-Tag #: _____
Example # (s) and Resident ID #(s) being disputed:_____
Why the deficiency and/or example should be removed/modified be specific in your argument:

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