IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF LICENSING & CERTIFICATION
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009

RALF 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 rule in dispute. Give the rule number, the number(s) of the example(s) in dispute, and a brief summary of the facts that you believe refute the deficiency findings. Attach additional pages, if necessary.

Rule No.: **Example Nos.:**

Facts that refute the deficiency findings:

Facility Contact Person: _____ Date: _____ Phone #: _____

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

IDR RESULTS

Deficiency is: ☐ Supported in Full ☐ Amended ☐ Deleted

Reason: _____

Chair's Signature: _____ Date: _____