

Date Identified (MM/DD/YYYY) (Completed by: The OIG Lead)	Brief Description of Issue (Completed by: The OIG Lead)	Condition Category (Completed by: The OIG Lead)	Detailed Description of the Issue (Status: Not Reported / Reporting Period to be Completed by: F-2020 Department)	Brief Case Analysis for the Issue (Status: Not Reported)	Methodology (Describe the process that the methodology is designed to accomplish (e.g. participant) Reported)	# of Individuals Reported	Active Cases in Review System (Operational Issues)	Date System Operational Remediation Initiated (MM/DD/YYYY)	Date System Operational Remediation Completed (MM/DD/YYYY)	Active Cases in Review System (Operational Issues) (Status: Not Reported)	Date System Operational Remediation Initiated (MM/DD/YYYY)	Date System Operational Remediation Completed (MM/DD/YYYY)

Participant First Name	Participant Last Name	Participant ID	Date Complaint Initially Received (MM/DD/YY)	Date Grievance Initiated (DD/MM/YY)	What, if Any, Issues Were Not Resolved During the Grievance?	Were They Ever Resolved? (Y/N)	If Yes, When (Provide Date)? (MM/DD/YY)	For Misclassified Service Requests, Was the Service Request Ever Processed? (Y/N)	If Yes, When (Provide Date)? (MM/DD/YY)	Was the Service Request Approved? (Y/N)	If Yes, When Was the Service Provided?	Were There Any Negative Outcomes? (Y/N)	If Yes, What Were the Negative Outcomes?	Did the PO Fail to Provide Continued Care During Grievance Process? (Y/N)	If Yes, What Care Was Not Provided?	[Other Data Requested]	[Other Data Requested]	[Other Data Requested]
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