Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by PACE Organization)	Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve Systemic Operational Issues	Date Systemic Operational Remediation Initiated (MM/DD/YY)	Date Systemic Operational Remediation Completed (MM/DD/YY)	Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)

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)