FORMAL RESPONSE TO COMPLAINT	**Forward Copy to QI Unit**
Date:	
To:	
From:	
Response to complaint/concern, which includes a statement of the reason(s) for the decision that addresses each issue, raised by the provider, and any action required by the provider to implement the decision.	
Program Monitor/Chief shall have 60 calendar days from the receipt of the written complaint to inform the provider in writing of the decision.	