**Form ROI,**

**Report of Outcome of Investigation of Death, Abuse, Neglect, Exploitation or Illegal, Unethical or Unprofessional Conduct**

|  |  |
| --- | --- |
| *Date of This Report:* | *Hospital:* |
| *Please Check One:* *Death*  *Abuse/Neglect*  *Exploitation*  *Illegal, Unethical or Unprofessional Conduct* | |
| *Name and Contact Information of Person Submitting Report:* | |
| *Date of Alleged Incident:* | |
| *Name of Alleged Victim:* | |
| *Date Investigation Report Received by Hospital:* | |
| *Outcome of Investigation:* | |
| *Actions taken by Facility:* | |