

HEALTH CARE COMPLAINTS COMMISSION

CHECKLIST FOR INVESTIGATION FILE CLOSURE

FILE NAME ROLLISTON

Case officer: File number: 98/01035

CLOSURE CORRESPONDENCE

- 1.
- 2.
- 3.
- 4.
- 5.

COMMENTS

MANAGER

DIRECTOR

COMMISSIONER

CLOSURE CHECKLIST (Tick/circle)

DATA ENTERED

Information re Complainant, Respondent, Subject:	correct / highlighted on file for amendment	<input type="checkbox"/>
Codes on file as per Coding Manual	<u>correct</u> / highlighted on file for amendment	<input type="checkbox"/>
Statutory requirements met: s.41(1), s.42(2), s.43	<u>correct</u>	<input type="checkbox"/>
Statutory Compliance sheet completed:	<u>correct</u>	<input type="checkbox"/>
Outcome sheet completed:	<u>correct</u>	<input type="checkbox"/>
Comments section on d/base updated	<u>correct</u>	<input type="checkbox"/>
Investigation Outcome d/base sheet completed:	<u>correct</u>	<input type="checkbox"/>
Policy Recommendation d/base sheet completed:	correct / <u>not required</u>	<input type="checkbox"/>
Case Officer Policy Table completed:	correct / <u>not required</u>	<input type="checkbox"/>

CLOSE FILE..... CREATE: POLICY FILE / DISCIPLINARY FILE

Sign: [Signature] Date: 19-11-01 D/entry completed