

**REQUEST FOR ADMINISTRATIVE HEARING**  
**Appeal of Penalty Assessed Pursuant to Health and Safety Code §128770**

Facility Name:

OSHPD ID Number:

Report Type:	Quarterly Financial and Utilization	Inpatient Data
	LTC Annual Financial	Emergency Department Data
	Hospital Annual Financial	Ambulatory Surgery Data
		CABG Patient Data

Report Period:

MM/DD/YY-MM/DD/YY

Administrator Name:

Facility Representative, if different:

**Contact information for the person (Administrator or other facility representative) authorized to represent the facility and to receive notices and documents relating to the hearing proceedings, including the final decision of the OSHPD Director:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Appellant appeals the attached penalty assessment of the Office of Statewide Health Planning and Development and requests an administrative hearing under Health and Safety Code §128775.**

I have attached a copy of the penalty notice. (Please initial box)

**Provide a statement of the basis of your appeal.**

I have attached a statement. (Please initial box)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Please Print Please Print

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Original Signature Required

\*If you are appealing two or more penalties and wish to request consolidation of the proceedings because the facts, circumstances and issues are similar, you may submit a **“REQUEST FOR CONSOLIDATION OF APPEALS PROCEEDINGS”** form. To obtain a copy of the form, use the contact information listed in the penalty letter.

Send to: Legal Office, Attn: Hearing Officer, OSHPD, 2020 West El Camino Avenue, Sacramento, CA 95833