Row#	Network Name	Network ID		Subcontracted Plan Network ID	Date Received	Date Resolved	Grievance Type	Complaint ID
1								
3								
4								
5								
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9								
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11								
12								
13								
14								
15 16								
17								
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19								
20								
21								
22			 					
23								
24								
25								

			Complaint			Type of License /	Nature of	Resolution
Row #	County	Provider Group		Provider Category	Specialty	Certificate	Resolution	Determination
1								
2								
3								
4								
5								
6								
7								
8								
9 10		+	+					
11								
12								
13								
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16								
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19								
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