

Iowa Department of Human Services  
**ERROR REPORT TRACKING LOG**

Review Period \_\_\_\_\_

<b>QC No.</b>	<b>Program</b>	<b>Date Report Sent</b>	<b>Regional Follow-Up 30 Days</b>	<b>OFS Follow-Up 60 Days</b>	<b>Answer Received</b>	<b>\$ Amount</b>	<b>Comments</b>