

DATE: [Insert Date]

TO: [Recipient Name/Employee Name]

ID NUMBER: [Insert ID Number, if applicable]

FROM: [Name of Authorized Official/Compliance Officer]

DEPARTMENT: [Insert Department Name]

RE: OFFICIAL NOTICE OF INVESTIGATION INTO PRESCRIPTION MEDICATION DIVERSION

Dear [Recipient Name],

This letter serves as formal notification regarding an investigation into the suspected diversion of prescription medications. Diversion is defined as the unauthorized rerouting or use of controlled substances for purposes other than their intended medical use.

Our records and recent audits have identified discrepancies involving the following:

- **Location/Facility:** [Insert Location]
- **Date(s) of Incident:** [Insert Date Range]
- **Specific Concern:** [Briefly describe: e.g., missing inventory, unauthorized access, or record-keeping inconsistencies]

The unauthorized removal, possession, or distribution of prescription medication is a violation of [Company Policy Name/Section] and may be a violation of state and federal laws.

Required Actions:

1. You are required to attend a mandatory meeting on [Date] at [Time] at [Location] to discuss this matter.
2. You may be requested to provide a written statement regarding your involvement or knowledge of these discrepancies.
3. [Optional: Effective immediately, your access to medication dispensing systems has been suspended.]

Failure to cooperate with this investigation or providing false information may result in disciplinary action, up to and including termination of employment, and potential referral to law enforcement or professional licensing boards.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Contact Information]