

# OIP Case Assignment FORM

DATABASE ID	<input type="text" value="11678"/>	CONTACT	<input type="text" value="SALEM, CHRIS"/>	ASSIGNEE	<input type="text" value="LLA"/>
DTENTRY1	<input type="text" value="10/31/2019"/>			REASSIGNED	<input type="text"/>
OIPREC_ID1	<input type="text" value="2019-103101"/>			DUE_DATE1	<input type="text"/>
DOC_DT1	<input type="text" value="10/31/2019"/>	PUBLIC ?	<input type="checkbox"/>	COMPL_DT1	<input type="text" value="11/7/2019"/>
DOC_TYPE	<input type="text" value="U APPEAL 20-31"/>	COMPLAINT AGAINST AGENCY?	<input type="checkbox"/>		
AGENCY_A	<input type="text" value="DPW-M"/>	KEYWORD1	<input type="text" value="RECORD CREATION"/>	RELATED CASES:	<input type="text" value="incorrectly opened as APPEAL. Re-opened as an RFA (U RFA-P 20-35)"/>
STATE_AB	<input type="text" value="HI"/>	KEYWORD2	<input type="text" value="QUESTION ASKED"/>		
ISLAND_AB	<input type="text" value="M"/>				
COUNTY_AB	<input type="text"/>				