

LONG-TERM CARE OMBUDSMAN COMPLAINT FORM

PROGRAM NAME:		
DATE OF INTAKE: / /	INTAKE DOCUMENTATION BY:	CASE #:
ASSIGNED TO:		REVIEW BY DATE: / /

COMPLAINANT NAME:	PHONE #:
ADDRESS:	
<input type="checkbox"/> Individual Complaint <i>or</i> <input type="checkbox"/> Group Complaint/Note Number of Residents Who Are/May Be Affected:	
COMPLAINANT ROLE:	
<input type="checkbox"/> Resident	
<input type="checkbox"/> Relative/Friend of Resident	
<input type="checkbox"/> Non-Relative Guardian, Legal Representative	
<input type="checkbox"/> Ombudsman	
<input type="checkbox"/> Facility Administrator/Staff or Former Staff	
<input type="checkbox"/> Other Medical: Physician/Staff	
<input type="checkbox"/> Representative of Other Health or Social Service Agency or Program	
<input type="checkbox"/> Unknown/Anonymous	
<input type="checkbox"/> Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	

FACILITY NAME:	PHONE #:
ADDRESS:	

RESIDENT'S NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	PHONE #:
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DATE OF FIRST ACTION: / /	DATE CASE CLOSED: / /
CASE/COMPLAINT SUMMARY:	
JOURNAL NOTES: <i>Include date(s) and case notes here. Attach additional pages as needed</i>	

COMPLAINT CODE NAME AND NUMBER:	DISPOSITION CODE: <i>Document complaint disposition after discussion with resident</i>
<input type="checkbox"/> Verified <input type="checkbox"/> Not Verified	<input type="checkbox"/> A. Government policy, regulatory change, or legislative action is required to resolve <input type="checkbox"/> B. Not resolved to the satisfaction of the resident or complainant <input type="checkbox"/> C. Withdrawn by the resident or complainant, or resident died before final outcome of investigation D. Referred to other agency for resolution <i>and</i> : <input type="checkbox"/> 1. report of final disposition was not obtained <input type="checkbox"/> 2. other agency failed to act on complaint <input type="checkbox"/> 3. agency did not substantiate complaint <input type="checkbox"/> E. No action was needed or appropriate <input type="checkbox"/> F. Partially resolved, but some problem remained <input type="checkbox"/> G. Resolved to the satisfaction of resident or complainant
<input type="checkbox"/> Verified <input type="checkbox"/> Not Verified	<input type="checkbox"/> A. Government policy, regulatory change, or legislative action is required to resolve <input type="checkbox"/> B. Not resolved to the satisfaction of the resident or complainant <input type="checkbox"/> C. Withdrawn by the resident or complainant, or resident died before final outcome of investigation D. Referred to other agency for resolution <i>and</i> : <input type="checkbox"/> 1. report of final disposition was not obtained <input type="checkbox"/> 2. other agency failed to act on complaint <input type="checkbox"/> 3. agency did not substantiate complaint <input type="checkbox"/> E. No action was needed or appropriate <input type="checkbox"/> F. Partially resolved, but some problem remained <input type="checkbox"/> G. Resolved to the satisfaction of resident or complainant
<input type="checkbox"/> Verified <input type="checkbox"/> Not Verified	<input type="checkbox"/> A. Government policy, regulatory change, or legislative action is required to resolve <input type="checkbox"/> B. Not resolved to the satisfaction of the resident or complainant <input type="checkbox"/> C. Withdrawn by the resident or complainant, or resident died before final outcome of investigation D. Referred to other agency for resolution <i>and</i> : <input type="checkbox"/> 1. report of final disposition was not obtained <input type="checkbox"/> 2. other agency failed to act on complaint <input type="checkbox"/> 3. agency did not substantiate complaint <input type="checkbox"/> E. No action was needed or appropriate <input type="checkbox"/> F. Partially resolved, but some problem remained <input type="checkbox"/> G. Resolved to the satisfaction of resident or complainant
TIME EXPENDED ON CASE: <u> </u> Hours <u> </u> Minutes	TRAVEL TIME: <u> </u> Hours <u> </u> Minutes
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Name of Ombudsman Closing this Case	Date
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Reviewed By	Title
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Reviewed By	Date
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