

# NURSING HOME COMPLAINT FORM

## CONTACT INFORMATION

Providing information about you will allow Department staff to contact you should additional information be needed. It is our policy to keep your name confidential. It may be necessary to share the nature of your complaint or the resident's name or your name with the facility.

### Please indicate an "X" for the "No/Yes" Questions

DO YOU WISH TO REMAIN ANONYMOUS? (See above explanation) No  Yes

Please provide your contact information for the Department.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How are you related to the resident? \_\_\_\_\_

## RESIDENT INFORMATION (Required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current location: Nursing Home  Hospital  Other, Explain \_\_\_\_\_

Date of Nursing Home Discharge, if applicable: \_\_\_\_\_

## FACILITY INFORMATION

Nursing Home Name: \_\_\_\_\_

Nursing Home Address: \_\_\_\_\_

Nursing Home City: \_\_\_\_\_ Room Number \_\_\_\_\_

## COMPLAINT INFORMATION

What is the date that your concern occurred? \_\_\_\_\_

Is law enforcement involved? No  Yes

Have you filed a complaint with the facility? No  Yes

Are other residents affected by your concern? No  Yes

Please describe your complaint and include date, times, involvement of any staff, other residents and any witnesses:



