



# COMPLAINT FORM



Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Room #: \_\_\_\_\_

Are you a:  Resident  Family Member  Employee  Other: \_\_\_\_\_

If this concern is about one of our residents, please provide the name of the resident and your relationship to him/ her (Please note that confidential information about the resident will only be shared with authorized individuals):

\_\_\_\_\_

Where did this event occur (unit/room#)? \_\_\_\_\_ Date of Event \_\_\_\_\_ Time of Event: \_\_\_\_\_

Description of Event (Attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your expected resolution of this complaint? (Attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_