

Resident Grievance/Complaint Form

Instructions: Residents, their representatives (sponsors), family members, or other advocates may file a grievance or complaint without fear of threat or reprisal of any form. Please fill out, date, and sign this form and submit it to the administrator or his or her designee. The administrator or his or her designee will follow up with the resident or resident representative within five working days.

Name of Resident: _____ **Room #:** _____ **Date:** _____

Name of person filing the grievance: _____

Relationship: Sponsor Family Member Visitor Advocate Staff Member

Date the incident occurred: _____ **Time:** _____

Describe the nature of the grievance/complaint (be specific). Use reverse side of this form if additional space is needed.

If other persons involved, name them:

Name	Employee	Resident	Visitor
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there were witnesses, name them:

Name	Employee	Resident	Visitor
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What actions or recommendations do you feel need to be taken?

Date: _____ **Signature (person filing grievance/complaint):** _____

Resolution:

Signature of person informing resident/representative of resolution and date: _____

Was grievance resolved to the satisfaction of all concerned: Yes No (if no, give reason):

Administrator Signature

Date