

CARE COMPLAINTS LOG BOOK

Keep a dated record of every problem with care,
and of every promise made to fix it

*For families, friends, and advocates of older adults
and people with disabilities*

CARE COMPLAINTS LOG	
DATE IT HAPPENED	TIME
1 WHAT HAPPENED	
PERSON AFFECTED	WHERE (FACILITY)
NOTICED OR REPORTED BY	RELATIONSHIP
TYPE (CHECK ALL THAT APPLY)	
☐ Care not given	☐ Medication
☐ Hygiene or skin	☐ Missed or late visit
☐ Belongings lost or damaged	☐ Billing or charges
DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER	
STAFF INVOLVED AND WITNESSES (NAMES)	
EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness	

104

NUMBERED COMPLAINT RECORDS

- Who to call
- Outside reports and case numbers
- A four-page index
- Notes pages

CARE COMPLAINTS LOG BOOK

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and of every promise made to fix it

*For families, friends, and advocates of older adults
and people with disabilities*

104 NUMBERED COMPLAINT RECORDS

ALDER CREEK EDITIONS

Care Complaints Log Book

Keep a dated record of every problem with care, and of every promise made to fix it

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You may download and print this book for your own use, and photocopy completed pages to share with a care provider, an agency, a long-term care ombudsman, a doctor, an attorney, or anyone else involved in a complaint. No part of this book may be reproduced for sale or included in any collection offered for sale.

This book is a record-keeping form. It is not legal or medical advice, and it does not file or satisfy any complaint, grievance, or report on its own. Grievance procedures, reporting deadlines, and the agencies with authority to investigate differ by state, by care setting, and by how the care is paid for. Ask the facility or agency for its written grievance procedure and keep a copy with this book.

If someone is hurt or in danger, call 911 before writing anything down.

Completed pages contain health and personal information about the person receiving care and about other people. Keep this book somewhere private, and shred pages you no longer need.

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aldercreekeditions.com

First Edition

Free download edition

About This Log

1 THE PERSON RECEIVING CARE

NAME

DATE OF BIRTH

WHERE CARE IS PROVIDED (FACILITY, AGENCY, OR HOME)

ADDRESS

ROOM OR UNIT

OTHER CARE PROVIDERS (HOME CARE AGENCY, DAY PROGRAM, THERAPY, HOSPICE)

2 WHO KEEPS THIS LOG

NAME

RELATIONSHIP

PHONE

EMAIL

OTHERS WHO MAY ADD ENTRIES (NAME AND RELATIONSHIP)

3 AUTHORITY ON FILE, IF ANY

☐ Health care power of attorney

☐ Financial power of attorney

☐ Guardian or conservator

☐ Health care proxy or agent

☐ Representative payee

☐ None

☐ Other

COPY GIVEN TO THE FACILITY OR AGENCY ON (DATE)

GIVEN TO (NAME AND TITLE)

4 THIS BOOK

LOG STARTED ON

LOG COMPLETED ON

BOOK NUMBER

PREVIOUS BOOK KEPT AT

How to Use This Log

One complaint, one page.

Each record page is numbered. Give that number whenever you write, email, or call about the complaint, and enter the complaint on its line in the index at the front of the book.

Write it down the same day.

Put the date and the time on it. Staff change shifts. The nurse on duty tomorrow may never hear what happened tonight. A note written the day something happened is hard to argue with. A story told from memory a month later is easy to dismiss.

Write what you saw.

“Her call button was on the floor, out of reach, at 7:40 p.m.” can be checked by anyone. “Nobody here cares about her” cannot.

Get a name and a title.

“I told the nurse” cannot be followed up. “I told Denise Parker, charge nurse on the second floor, by phone at 3:15” can.

Write down what they promised, and by when.

The “Who You Told” section has room for what the person said would happen and the date they gave. When that date passes with nothing done, you have the name to call back and the promise to hold them to.

Keep what backs it up.

Photos with the date showing, copies of emails and letters, bills, the medication list, the care plan. The record page asks where you kept them, so you can find them later.

Go up the line, and write down every step.

If the first person does not fix the problem, ask for their supervisor, then the administrator. Outside the facility or agency, the next call may be to the doctor, the health plan, the long-term care ombudsman, Adult Protective Services, or the state licensing agency. Record who you went to, when, and any case number they gave you, on the record page and on the Outside Reports and Case Numbers page.

Close it when the problem has stopped.

Section 3 records what was done. The closing section asks whether that fixed the problem, and whether the person receiving care is satisfied. If they can tell you, ask them, and write down what they say.

Use the index.

One line per complaint puts the whole history on four pages. The third missed visit in a month, or the same medication error on two different shifts, shows up there before anyone has to read the full records.

Who to Call

If someone is hurt or in danger, call 911 first.

ROLE	NAME	PHONE	EMAIL OR NOTES
Facility or agency administrator			
Director of nursing or clinical manager			
Charge nurse or care supervisor			
Social worker or case manager			
Primary doctor			
Other doctor or specialist			
Pharmacy			
Health plan, Medicare, or Medicaid			
Long-term care ombudsman			
Adult Protective Services			
State licensing or survey agency			
Disability protection and advocacy office			
Attorney			
Family member			
Family member			

The Eldercare Locator, a public service of the Administration for Community Living, connects older adults and their families with local services: 1-800-677-1116, eldercare.acl.gov.

Outside Reports and Case Numbers

Every report made outside the facility or agency, with the number they gave you.

[illegible]

Complaints Index

NO.	DATE	WHAT HAPPENED	WHO YOU TOLD	STATUS	CLOSED
1					
2					
3					
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7					
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Complaints Index

NO.	DATE	WHAT HAPPENED	WHO YOU TOLD	STATUS	CLOSED
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104					

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

1**1 WHAT HAPPENED**

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

2

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PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

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COMPLAINT NO.

6

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

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COMPLAINT NO.

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PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

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CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

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TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

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DATE CLOSED

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PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

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COMPLAINT NO.

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EVIDENCE KEPT

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KEPT WHERE

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DATE

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TITLE

HOW

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

11**1 WHAT HAPPENED**

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

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DATE CLOSED

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PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

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COMPLAINT NO.

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PERSON AFFECTED

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

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DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

13

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DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

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COMPLAINT NO.

14

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PERSON AFFECTED

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RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

15

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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TITLE

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

16

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

17

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

18

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

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DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

19

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

20

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

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☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

21

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

22

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

23

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

24

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

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TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

25

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

26

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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WHAT THEY SAID THEY WOULD DO

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

27

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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WHAT THEY SAID THEY WOULD DO

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CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

28

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

29

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

30

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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DATE

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CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

31

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

32

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

33

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

34

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

35

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

36

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

37

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

38

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

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☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

39

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

40

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

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☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

41

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

42

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

43

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

44

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

45

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

46

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

47

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

48

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

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NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

49

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

50

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

51

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

52

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

53

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

54

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

55

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

56

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

57

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

58

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

59

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

60

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

61

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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NAME

TITLE

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WHAT THEY SAID THEY WOULD DO

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

62

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

63

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

64

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

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CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

65

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

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DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

66

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

67

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

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DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

68

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

69

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

70

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

71

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

72

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

73

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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TITLE

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WHAT THEY SAID THEY WOULD DO

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

74

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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WHAT THEY SAID THEY WOULD DO

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DATE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

75

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

76

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

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☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

77

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

78

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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WHAT THEY SAID THEY WOULD DO

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DATE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

79

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

80

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness

KEPT WHERE

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TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

81

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

82

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

83

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

84

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness

KEPT WHERE

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DATE

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WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

85

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

86

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

87

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor ☐ Administrator ☐ Doctor ☐ Health plan ☐ Ombudsman ☐ Adult Protective Services ☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

88

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

89

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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NAME

TITLE

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

90

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

91

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

92

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

93

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

94

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

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EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

95

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

96

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

97

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

98

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

99

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

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HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

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WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

100**1 WHAT HAPPENED**

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

DATE

TIME

NAME

TITLE

HOW ☐ In person ☐ Phone ☐ Email ☐ Letter ☐ Online portal ☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

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DATE

WHAT WAS ACTUALLY DONE

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

101

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

102**1 WHAT HAPPENED**

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

103**1 WHAT HAPPENED**

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT ☐ Photos ☐ Notes ☐ Documents ☐ Witness KEPT WHERE**2 WHO YOU TOLD**

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WHAT THEY SAID THEY WOULD DO

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NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSINGPROBLEM FIXED? ☐ Yes ☐ No ☐ Partly

DATE CLOSED

CLOSED BY

PERSON RECEIVING CARE SATISFIED? ☐ Yes ☐ No ☐ Unable to say

SIGNATURE

DATE IT HAPPENED

TIME

DATE NOTICED, IF LATER

COMPLAINT NO.

104

1 WHAT HAPPENED

PERSON AFFECTED

WHERE (FACILITY, UNIT, ROOM, OR HOME)

NOTICED OR REPORTED BY

RELATIONSHIP TO THE PERSON AFFECTED

TYPE (CHECK ALL THAT APPLY)

☐ Care not given☐ Medication☐ Fall or injury☐ Meals or fluids☐ Hygiene or skin☐ Missed or late visit☐ Staff conduct☐ Safety or equipment☐ Belongings lost or damaged☐ Billing or charges☐ Communication☐ Other

DESCRIPTION: WHAT YOU SAW OR WERE TOLD, IN ORDER

STAFF INVOLVED AND WITNESSES (NAMES)

EVIDENCE KEPT

☐ Photos☐ Notes☐ Documents☐ Witness

KEPT WHERE

2 WHO YOU TOLD

DATE

TIME

NAME

TITLE

HOW

☐ In person☐ Phone☐ Email☐ Letter☐ Online portal☐ Care meeting

WHAT THEY SAID THEY WOULD DO

BY WHAT DATE

3 WHAT WAS DONE

DATE

WHAT WAS ACTUALLY DONE

4 IF IT WAS NOT FIXED, WHERE YOU TOOK IT NEXT☐ Supervisor☐ Administrator☐ Doctor☐ Health plan☐ Ombudsman☐ Adult Protective Services☐ State agency

DATE

NAME, OFFICE, AND PHONE

CASE OR REFERENCE NO.

5 CLOSING

PROBLEM FIXED?

☐ Yes☐ No☐ Partly

PERSON RECEIVING CARE SATISFIED?

☐ Yes☐ No☐ Unable to say

DATE CLOSED

CLOSED BY

SIGNATURE

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

[illegible]

Notes

[illegible]