VOLUNTEER OMBUDSMAN HOURS FOR FACILITY WORK

Month/Year _____ Name_____

Facility Name	Date	Topic & Time for Each Category Below							Travel Time
		Resident Visitation Non-Complaint		Resident Visitation Complaint		Ombudsman Training	Resident Council	Family Council or Survey	
		Hr.	Topic	Hr.	Topic				
TOTAL HOURS:									

* Grand Total Direct Service Hours: _____

Topics:	B-Behavior	C-Choice Options	O-Ombudsman Services	R-Regulations
	E-Elder Abus	F-Family	Ot-Other	RR-Residents Rights

Rev Date: 8/12