

OMBUDSMAN COMPLAINT FORM

Please Type or Print

Facility:		Intake date:	
		First action date:	
COMPLAINANT			
Name (Last, First):		Phone:	
Address (City, State, Zip):			
RESIDENT *			
Name (Last, First):		Phone:	
Gender:	Age:	DOB:	Pay Status:
Address (City, State, Zip):			
COMPLAINT AGAINST			
Name:		Phone:	
Address (City, State, Zip):			
Description of complaint: Who, What, When, Where			

Written release obtained? Yes No

Consent to follow up complaint? Yes No

Ombudsman Analysis: Code	
Plan of Action:	
Facts regarding investigation:	
Outcome/Closure:	
Ombudsman Completing Form (Please Print):	
Signature:	Date: