

OMBUDSMAN COMPLAINT INTAKE REPORT

Ombudsman _____ Date of Complaint _____

Complainant _____ Phone _____

Complainant's Address _____

Resident's Name _____ Phone _____

Resident DOB _____ Gender: M or F Pay Status _____

Facility _____ Phone _____

Facility Address _____

Complaint Against _____

Address _____ Phone _____

Description of complaint:

What happened?

Who was involved?

When did it happen?

Where did it happen?