

## 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?