

GRIEVANCE/COMPLAINT REPORT

This form is utilized to provide written documentation of any grievance or complaint expressed or filed by a resident or resident representative as well as to record the follow-up action taken and results thereof. Record additional notes on reverse.

RECEIPT OF GRIEVANCE/COMPLAINT

Date received: _____ Received by: _____

Initiator of grievance/complaint: ☐ Anonymous ☐ Resident (name) _____ ☐ Other: _____

☐ Resident Representative - Print name: _____

Relationship to Resident: _____

Grievance/complaint reported to: ☐ Administrator ☐ DON ☐ Other: _____

Describe grievance/complaint using factual terms: _____

Complainant Signature: _____

☐ Oral complaint
☐ Anonymous complaint

DOCUMENTATION OF FACILITY FOLLOW-UP

Individual(s) designated to investigate/take action on this concern: _____

Date assigned: _____ Time: _____ Date to be resolved by: _____

Was a meeting held? ☐ No ☐ Yes, identify all individuals in attendance: _____

What other specific action(s) was/were taken to resolve grievance/complaint? _____

Result of action(s) taken: _____

Plan of Care reviewed and updated? ☐ No ☐ Yes Date: _____

RESOLUTION OF GRIEVANCE/COMPLAINT

Was grievance/complaint resolved? ☐ No, explain why not ☐ Yes, describe resolution

Identify the method(s) used to notify the resident and/or resident representative of the resolution:

☐ Written notification (Required) **and** ☐ Phone conversation or ☐ One-to-one discussion

Date written notification provided: _____ QAA/QAPI Committee Review Date: _____

This form completed by: _____ Date: _____

Signature/Title

Grievance Officer: _____ Date: _____

Administrator: _____ Date: _____

DATE AND SIGN ALL NOTES/COMMENTS

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SAMPLE

(800) 247-2343

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