

**Resident/Family
Concern/Grievance Form**

- Resident's Name: _____
- Room Number: _____
- Date of Concern: _____
- Time of Concern: _____
- Staff Member Receiving Concern: _____

Section 1: Please Describe the Nature of the Concern:

Concern Received From: ___ Resident ___ Family ___ Other

Contact Information: _____

Section 2: All Concerns Referred to the Department Head for Review

Department Head:

Review and Action Taken: _____

Department Head Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Section 3 Follow Up With Resident/Family Member:

Name of Individual Contacted: _____ Date: _____

Comments:

Name of Staff Member Completing Follow up: _____

Section 4: For Administrator or Compliance and Ethics Officer to Complete:

- ☐ Further Action Required and/or New Grievance Generated
- ☐ Concern and/or Grievance Resolved

Signature: _____

Date: _____