

### **Grievance Decision**

- Resident's Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Date grievance was received: \_\_\_\_\_
- Staff Member Providing Decision: \_\_\_\_\_
- Date issued to Resident/Family: \_\_\_\_\_

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1. Provide a summary statement of the resident's grievance:

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2. List the steps taken by staff to investigate the grievance:

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3. Provide a summary of the pertinent findings or conclusions regarding the resident's concern(s):

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4. Provide a statement as to whether the grievance was confirmed or not confirmed:

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5. Provide the corrective action taken or to be taken by the facility as a result of the grievance:

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Resident/Family Member Signature: \_\_\_\_\_