

Grievance Decision

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

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

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

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

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

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

Resident/Family Member Signature: _____