

Nursing Home Complaint Form

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Instructions for Filing a Nursing Home Complaint

Anyone with knowledge or concerns about the care of a resident in a nursing home may file a complaint with their State Survey Agency. The State Survey Agency is the agency that has regulatory responsibility for all the nursing homes in the state.

You may use the form below to file a complaint if you are concerned about the health care, treatment, or services that you or another person received or did not receive in the nursing home. Some reasons for filing a complaint would be abuse, neglect, poor care, not enough staff, unsafe or unsanitary conditions, dietary problems, or mistreatment.

You do not have to use this form when filing a complaint. You may file a complaint with your State Survey Agency by any means available to you, including mail, telephone, fax, on-line, or in person.

Step 1:

Please include as much information as possible when submitting your complaint. The response and timing of any investigation by your State Survey Agency will be based upon the information you provide.

Report a concern as soon as possible since it will be easier for you to remember the facts and will assist the State Survey Agency in gathering important information.

Step 2:

Following receipt of your complaint, a representative from the State Survey Agency will contact you about your concerns and discuss the appropriate course of action and anticipated timeframes. The representative will also provide you with the telephone number of a contact person at the State Survey Agency for further follow-up.

Step 3:

If your concern involves a possible violation of a Federal or State nursing home regulation, the State Survey Agency will conduct an investigation. The investigation may include a review of records, interviews with staff and residents, and the observation of resident care.

Step 4:

At the end of the investigation, the State Survey Agency will notify you of the results if you provide your contact information in Section 1 on the complaint form.

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Section 1. Person Filling Out the Complaint Form		
You are not required to fill out this Section to file a Complaint. However, the State Survey Agency will not be able to contact you to obtain additional information or reach you to notify you of the results of the investigation.		
Name (first and last):		
Address:		
City:	State:	Zip Code:
Email address:		
Primary Telephone: ()	Secondary Telephone: ()	
Best time(s) to contact you (please check all that apply):		
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Date you filed the complaint: ___/___/___		

Section 2. Nursing Home Information		
Facility Name:		
Address:		
City:	State:	Zip Code:
Telephone Number: ()		

Section 3. Resident Information	
Resident Name (first and last):	Date of Birth: ___/___/___
Your Relationship to the Resident:	
<input type="checkbox"/> Resident (self)	<input type="checkbox"/> Family Member (Spouse/Child/Parent)
<input type="checkbox"/> Friend	<input type="checkbox"/> Present or former nursing home employee
<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Quality Improvement Organization
<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> Media <input type="checkbox"/> Anonymous
<input type="checkbox"/> Legal representative/guardian/power of attorney	
<input type="checkbox"/> Other, please explain: _____	
Is the Resident still in the nursing home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do not know	

Section 4. Complaint Information

Please provide as much information as possible including the date, time, how often the concern has occurred, and the location where the concern occurred. Feel free to use examples. Please list the people involved or any witnesses at the bottom of this section. You may attach additional pages and reports to this form as needed.

Names of any other person(s) or witness(es) involved in this complaint:

Name (first and last): _____

Contact Information if known: ()

Name (first and last): _____

Contact Information if known: ()

Section 5. Reporting of the Complaint

Did you report this complaint to the nursing home staff?

No

Yes

If yes, please complete the items below:

A. Date the complaint was reported to the nursing home staff person:

____/____/____

B. Name and title of the nursing home staff person to whom the complaint was reported:

C. What action was taken by the nursing home?

Did you report this complaint or incident to any other agency?

Long Term Care Ombudsman

Law Enforcement Agency

Adult Protective Services

Attorney General

Other Please list: _____

Section 6. Complaint Resolution

What do you think should happen in this situation?