

Facility Complaint Form

Date: _____ **Type:** _____

Name and Type of Facility: _____

Facility Location (city only): _____

Complainant's Name: _____

Mailing Address: _____

Telephone #: _____

Name of patient/resident involved: _____

Room #: _____ **Relationship to Complainant:** _____

Has the complainant discussed the problem(s) with (circle all that apply)?

Administrator Director of Nursing NHCAC Division of Aging DSS Other _____

Substance of allegations (please list as much specific information as possible – dates, times, incidents, names, witness (es) :
