



# LTCO INTAKE FORM

(TO BE COMPLETED FOR ALL COMPLEX COMPLAINTS)

<b>Date/Time of Intake:</b>		<b>Intake Completed By:</b>
<b>Probable Harm:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   * If yes, call LTCO office @ 1-800-365-3112 immediately! *	

COMPLAINANT DETAILS	
<b>Name:</b>	<b>Phone #:</b>
<b>Street Address:</b>	
<b>City/State:</b>	<b>Zip Code:</b>
<b>Relationship to Resident:</b>	<b>Email:</b>
<b>Did complainant give verbal consent to reveal their name?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT DETAILS	
<b>Name:</b>	<b>Room:</b>
<b>Street Address:</b>	<b>Phone Number:</b>
<b>City/State:</b>	<b>Zip Code:</b>
<b>Provider Name:</b>	<b>Date of Birth:</b>
<b>Did client give verbal consent to reveal their name?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLAINT DETAILS	
<b>Prior Actions Taken by Consumer/Complainant:</b>	
<b>What did you tell them about LTCO? (Procedures, Role &amp; Scope, Etc)</b>	


<b>COMPLAINT 1</b>	
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<b>Problem:</b>	

<b>Goal:</b>	

<b>COMPLAINT 2</b>	
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<b>Problem:</b>	

<b>Goal:</b>	

<b>COMPLAINT 3</b>	
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<b>Problem:</b>	

<b>Goal:</b>	

<b>NOTES / COMMENTS</b>	
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Please return completed form to LTCO office within 3 days of visit.

Email to [VolunteerReports@ltco.org](mailto:VolunteerReports@ltco.org) or mail in.

Form and mailing information at [www.ltco.org](http://www.ltco.org)

If you have any questions, please call immediately  
216-696-2719 or 800-365-3112.

