Ombudsman
Expect Excellence in Your Care

Long Term Care Ombudsman
Ombudsman Associate Complaint Investigation Form

As an Ombudsman Associate (OA), you may work on Complex Complaints with the supervision of your assigned Ombudsman Specialist (OS). Remember, a complaint may require a formal case to be opened with multiple contacts, research, investigation and follow-up by LTCO staff.

Please complete the following form when requested by the OS to conduct case investigation. Return the form ASAP or call the OS with your results.

OA: _____ **OS:** _____

Facility: _____ **Case # (if known):** _____

Date of Visit: _____ **Travel Time:** _____

Time Spent: _____ **Document Time:** _____

OS Request (instructions, observations to make, questions to ask): _____

OA Investigation Notes:

Please return completed form to LTCO office within 3 days of visit.

Email to VolunteerReports@ltco.org or mail in.

Form and mailing information at www.ltco.org

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