



Ombudsman Associate Reporting Form for Intake Complaints

•To be completed for all Complex Complaints

Date/Time of Intake: _____

Intake Completed by: _____

Probable Harm **YES** or **NO?**: Yes No

*If **YES**, Call LTCO Office at **1.800.365.3112** immediately!

Facility Name: _____

COMPLAINANT DETAILS

Name: _____

Phone: _____

Street Address: _____

Email: _____

City/State/Zip: _____

Relationship to Resident: _____

Did complainant give verbal consent to reveal their name? YES or NO

Yes

No

CLIENT DETAILS

Name: _____

Phone: _____

Street Address: _____

Room: _____

City/State/Zip: _____

Date of Birth: _____

Provider Name: _____

Did complainant give verbal consent to reveal their name? YES or NO

Yes

No

CLIENT DETAILS

Prior Actions Taken by Consumer/Complainant:

What did you tell them about LTCO? (Procedures, Role & Scope, Etc)

COMPLAINT 1

Problem:

Goal:

COMPLAINT 2

Problem:

Goal:

COMPLAINT 3

Problem:

Goal:

NOTES/COMMENTS

Signature Required
