



Ombudsman Associate Reporting Form for Resident Council or Family Council

Volunteer Name: _____ Daytime Phone: _____

My Staff Ombudsman: _____ Date of Visit: _____

Facility Name: _____ Time Spent in Facility: _____

Type of Facility (please circle): **NH** ___ **RCF** ___ Travel Time: _____

Documentation Time: _____

Time Conversion Table

1-6 min = 0.1	13-18 min = 0.3	25-30 min = 0.5	37-42 min = 0.7	49-54 min = 0.9
7-12 min = 0.2	19-24 min = 0.4	31-36 min = 0.6	43-48 min = 0.6	55-60 min = 1.0

Number of Residents at Meeting _____

Meeting Topic:

Meeting 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.