

Ombudsman Associate Reporting Form for Resident Council or Family Council

Volunteer Name:			Daytime Phone: Date of Visit: Time Spent in Facility: Travel Time:								
						Documentation Time:					
						Time Conversion T	able				
						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	
			7-12min = 0.2	19-24 min = 0.4	31-36 min = 0.6	43-48 min = 0.6	55-60 min = 1.0				
Number of Resider	nts at Meeting										
Meeting No	tes:										

SEND

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.

