

GRIEVANCE/CONCERN INVESTIGATION FORM

Name: Click here to enter text.

(Please check one) ☐ Resident ☐ Staff
☐ Visitor ☐ Family Member

Nature of Concern: ☐ Resident care issue ☐ Environmental
☐ Lost personal item ☐ Other

Explanation: Click here to enter text.

Signature: _____ **Date:** Click here to enter a date.

Referred to: ☐ Activities ☐ Administration ☐ Dietary
☐ Laundry ☐ Maint/Housekeeping ☐ Nursing
☐ QA Committee ☐ Social Services

Action and Follow-up: Click here to enter text.

Signature: _____ **Date:** Click here to enter a date.

Concerned Party Advised: Click here to enter text.

Reviewed by Administrator: _____ **Date:** Click here to enter a date.

