
Worksheet for Questions, Concerns, and Complaints

To*: _____

Name of resident: _____

My name, if different: _____

How to reach me: _____

Today's date: _____

* Usually, the best place to start is the facility's administrator or the nurse in charge of your care or your loved one's care. Complaints may also be directed to the state's Long Term Care Ombudsman or to its Medicare and Medicaid survey and certification agency.

The following is . . .

- Feedback or an observation I think you should be aware of.
- A question or concern I have.
- A complaint I am asking you to do something about.
- Other: _____

My concern or question is (please be as specific as possible in describing the "what," "where," "when," and "who" involved in this situation): _____

The outcome or change I am seeking is: _____

Please use the back of this sheet if you need more space

