

**Residential Care Facilities for the Elderly (RCFE) Complaint Form**

Name of Person Filing Complaint \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Tel. # \_\_\_\_\_

Name of Facility \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address of Facility \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of Resident(s) on Whose Behalf the Complaint is Being Made: \_\_\_\_\_

Summary of the Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Incident(s) \_\_\_\_\_

Shift(s) When Incident(s) Occurred:     Day     Afternoon     Night    Time(s): \_\_\_\_\_

Witness(es): \_\_\_\_\_

Name of Staff Person(s) Involved: \_\_\_\_\_

\_\_\_\_\_

Records that Should be Examined: \_\_\_\_\_

Check ALL that apply:

- I have sent a copy of my complaint to **Community Care Licensing**. *(See back for listing.)*
- I have sent the **Ombudsman Program** a copy of this complaint.
- I am sending **CANHR** a copy of this complaint.
- I want to know the **name of the investigator** assigned to this complaint.
- I want to **talk with the investigator** before s/he starts the investigation.
- I want my **identity to remain confidential** (i.e. not revealed to care facility).
- I want a **copy of the final complaint report**.