



# Ombudsman Associate Reporting Form for Intake Complaints

•To be completed for all Complex Complaints

Date/Time of Intake: \_\_\_\_\_

Intake Completed by: \_\_\_\_\_

Probable Harm **YES** or **NO?**: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If **YES**, Call LTCO Office at **1.800.365.3112** immediately!

Facility Name: \_\_\_\_\_

## COMPLAINANT DETAILS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Did complainant give verbal consent to reveal their name? YES or NO

Yes

No

## CLIENT DETAILS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Room: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Did complainant give verbal consent to reveal their name? YES or NO

Yes

No

## CLIENT DETAILS

Prior Actions Taken by Consumer/Complainant:

What did you tell them about LTCO? (Procedures, Role & Scope, Etc)

**COMPLAINT 1**

Problem:

Goal:

**COMPLAINT 2**

Problem:

Goal:

**COMPLAINT 3**

Problem:

Goal:

**NOTES/COMMENTS**



**Signature Required**

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