



Long Term Care Ombudsman Ombudsman Associate Complaint Investigation Form

As an Ombudsman Associate (OA), you may work on Complex Complaints with the supervision of your assigned Ombudsman Specialist (OS). Remember, a complaint may require a formal case to be opened with multiple contacts, research, investigation and follow-up by LTCO staff.

Please complete the following form when requested by the OS to conduct case investigation. Return the form ASAP or call the OS with your results.

OA: _____ OS: _____

Facility: _____ Case # (if known): _____

Date of Visit: _____ Travel Time: _____

Time Spent: _____ Document Time: _____

OS Request (instructions, observations to make, questions to ask):

OA Investigation Notes:

A red, rounded rectangular button with the word "Email" in white text.

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.