



Ombudsman Associate Reporting Form for Residential Facilities Class 2

•Investigating concerns •Connecting for choices •Advocating for better care

Volunteer Name: _____

Daytime Phone: _____

My Staff Ombudsman: _____

Date of Visit: _____

Facility Name: _____

Time Spent in Facility: _____

Type of Facility (please circle): NH ☐ RCF ☐

Travel Time: _____

Documentation Time: _____

Time Conversion Table

1-6 min = 0.1 13-18 min = 0.3 25-30 min = 0.5 37-42 min = 0.7 49-54 min = 0.9

7-12 min = 0.2 19-24 min = 0.4 31-36 min = 0.6 40-48 min = 0.6 56-60 min = 1.0

Number of Residents at Meeting:

Observations During Visit	Yes/No	Comments
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Are the residents free to wake and sleep, and come and go as they wish? Can they gain entrance after hours?	_____	
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Do the residents appear to be clean, well-groomed and dressed appropriately for the weather?	_____	
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Is the interaction between staff and residents pleasant and respectful?	_____	
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Is the facility clean, free from lingering unpleasant odors and comfortable temperature? Noise level comfortable?	_____	
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Are the grounds well maintained?
Lawns mowed and walks free of
snow/leaves/standing water?

Are varied foods available at meal
and other times, including snacks and
drinks? Do the residents like the food?

Are varied activities available/
offered/provided for residents?

Are the medications kept in a
secure area?

Do the residents have access
to a telephone?

Notes about your visit



BEFORE CONTINUING, PLEASE TAKE MOMENT TO DETERMINE IF
THE COMPLAINTS YOU ARE
ABOUT TO REPORT ARE **SIMPLE** OR **COMPLEX**.

- A **SIMPLE COMPLAINT** is an issue that you were able to resolve on the day of your visit.
- A **COMPLEX COMPLAINT** is an issue that requires follow up, is possibly systemic, or requires intervention from an Ombudsman Specialist. These will become cases.

ALL COMPLEX COMPLAINTS REQUIRE THE IMMEDIATE COMPLETION
OF AN INTAKE FORM.

Simple Complaint 1

Resident Name & Rm #:

Resident had concern about:

Resident's goal was:

Steps OA took to resolve
problem:

Resolution was:

Was the resident satisfied
with outcome?

Is follow up needed? If yes,
when will you do so?

Simple Complaint 2

Resident Name & Rm #:

Resident had concern about:

Resident's goal was:

Steps OA took to resolve
problem:

Resolution was:

Was the resident satisfied
with outcome?

Is follow up needed? If yes,
when will you do so?

Simple Complaint Blank

Resident Name & Rm #:

Resident had concern about:

Resident's goal was:

Steps OA took to resolve
problem:

Resolution was:

Was the resident satisfied
with outcome?

Is follow up needed? If yes,
when will you do so?

Email