

## Parkview Haven/Meadowlark Heights Grievance/Complaint Report

All residents, family members, significant others, employees and others may submit a grievance in person or in writing.

Residents or their responsible party, who feel they have a legitimate complaint against the facility, an employee, or another resident should complete this form and present it to the Administrator.

Employees or representatives who feel they have a valid grievance about the facility, a fellow employee, or resident should complete this form and present it to the Administrator.

This report may be submitted without fear of threat or other reprisal against the resident, employee, sponsor, or responsible party.

Name of person filing complaint: \_\_\_\_\_

Status: Resident  Employee  Family  Representative

Name of person suffering alleged injury (physical or emotional): \_\_\_\_\_

Status: Resident  Employee  Family  Representative

Type of Grievance: Physical  Emotional

Other person or persons involved: Employee  Resident

Name or names of person(s) involved: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Explanation of incident: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Received By Administrator:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Record investigation findings on the backside of this form.

Action taken and results: \_\_\_\_\_

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Conference with person submitting report was held on: \_\_\_\_\_

Date and Comments

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Signature of Administrator

Signature of party involved in conference