



## **GRIEVANCE/CONCERN INVESTIGATION FORM**

As required by HIPAA, you have a right to file a grievance or concern about our policies, procedures or actions. All grievances or concerns must be submitted in writing.

**Community:** Click here to enter text.

**Name:** Click here to enter text.

*(Please check one)*    Resident    Staff  
 Visitor    Family Member

**Nature of Concern:**    Resident care issue    Environmental  
 Lost personal item    Other

**Explanation:** Click here to enter text.

**Signature:** \_\_\_\_\_   **Date:** Click here to enter a date.

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**Referred to:**    Activities    Administration    Dietary  
 Laundry    Maint/Housekeeping    Nursing  
 QA Committee    Social Services

**Action and Follow-up:** Click here to enter text.

**Signature:** \_\_\_\_\_   **Date:** Click here to enter a date.

**Concerned Party Advised:** Click here to enter text.

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**Reviewed by Administrator:** \_\_\_\_\_   **Date:** Click here to enter a date.