



Resident Concern/Grievance Form

This form shall be utilized to provide written documentation of any concern expressed by a resident or resident representative and to record the follow-up action taken and results thereof.

If this concern is of the nature of abuse, neglect, misappropriation or exploitation, or if you are not sure, immediately report the concern to the charge nurse, so all Residents can be secured and protected. Management will then be contacted and will immediately begin a formal investigation.

Receipt of Resident Concern

Date received: _____

Individual initiating concern: Resident Resident representative; relationship: _____

Print individual's name: _____

Name and title of staff member the concern was reported to:

Documentation of Resident Concern

Describe concern using factual terms: _____

Staff member: _____

Name and Title

Documentation of Facility Follow-up Please Complete All Sections of this Form

Individual(s) designated to take action on this concern: _____



Date assigned: _____ Date to be resolved by: _____

Was a group meeting held? Yes; If yes, identify all individuals in attendance No

What other action was taken to resolve concern (be specific)? _____

Results of action taken: _____

Staff member: _____
Name and Title

Resolution of Resident Concern

Was Resident concern resolved? Yes, describe resolution. No, explain why not.

Identify the method(s) used to notify the Resident and/or Resident representative of the resolution:

Written notification Phone conversion One-to-one discussion

Date of notification: _____

Was Resident concern reported to QA: yes no Date: _____

Resident/Representative Signature that concern was resolved: _____ Date: _____

REQUIRED: Copy of Resolution needs to be given to Resident/Representative.

- Employee initials that gave copy of resolution to Resident/Representative _____

Form completed by: _____
Signature and Title Date

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