CONSUMER RESIDENT/PATIENT COMPLAINT REPORT

Please answer all questions fully and deal with only one event per report.

Today’s Date (MM/DD/YYYY):

Date of Event (MM/DD/YYYY):

Time of Event: □ AM □ PM

This form can be used to report complaints pertaining only to the facility types listed below, which are under the jurisdiction of the Division of Health Facility Survey and Field Operations. Select Facility Type:

- Nursing Home
- Residential Facility
- Sub-Acute Care Facility
- Assisted Living or Comprehensive Personal Care Home
- Assisted Living Program
- Intermediate Care Facility for the Mentally Retarded
- Adult/Pediatric Day Health Services
- Hospital
- Ambulatory Surgical Center
- Other Ambulatory Care Facility (specify):

Full Name of Facility:

Street Address:

City: State: Zip Code:

Facility Telephone Number (if known):

Name of Person Reporting:

Home Telephone Number: Work Telephone Number: Cell Phone Number:

Relationship:

- Family Member
- Employee
- Friend
- POA
- Visitor
- Legal Guardian
- Consumer
- Anonymous
- Former Employee
- Resident/Patient

Street Address of Person Reporting:

City: State: Zip Code:
CONSUMER RESIDENT/PATIENT COMPLAINT RECORD
(Continued)

Type of Incident:

- Unexpected Death
- Involuntary Discharge (out of facility)
- Involuntary Transfer (within facility)
- Elopement (resident/patient left the building without staff knowledge)
- Staff-to-Resident or Staff-to-Patient Abuse
- Environmental Emergency
- Resident/Patient Care Issues
- Resident-to-Resident or Patient-to-Patient Abuse
- Theft of Resident's/Patient's Belongings/Money
- Interruption of Service (i.e., water, electric)
- Injury
- Medication Error
- Other

Resident/Patient Name:  
Room Number:  
Date of Birth / Age:  

Narrative:

1) Describe the event; be specific, include timeframes, staff/others involved.

NOTE: Additional information will be requested if necessary.
2) Was this reported to the facility staff?
   ☐ Yes ☐ No

3) If Yes, to whom did you report the incident/event?
   

4) What action was taken by the facility? Include this answer in narrative above.

5) Was this reported to any other agency?
   ☐ Yes ☐ No

6) If yes, what was the agency? i.e. Ombudsman, police
   

All complaints are handled as quickly as possible based upon severity guidelines and priority standards. If an address is provided, a written response will be sent upon conclusion of the investigation. Response time may be as long as 6 to 8 weeks after the completion of an investigation.

FOR NJDOH USE ONLY

Reviewed By (Surveyor ID Number and Initials): Date (MM/DD/YYYY):

Other Review (ID Number and Initials): Date (MM/DD/YYYY):

Disposition:
☐ Pending ☐ No Action ☐ Complaint Investigation

☐ Referral, Specify: 

☐ Closed, Specify Date Closed: 

Comments:
