

New Jersey Department of Military and Veterans Affairs
New Jersey Veterans Memorial Homes

RESIDENT GRIEVANCE and REFERRAL FORM

Instructions: To initiate this process, please check if this is a grievance, a concern, or a referral request, complete items 1, 2, and 3, provide a brief description of the grievance or concern, sign and submit the completed form to the assigned Unit Manager for follow-up.

Grievance

Concern

Referral

1. Name of Resident: _____ Unit / Room: _____ Date: _____

2. Submitted by: Resident Family Staff Visitor Volunteer Other

3. Statement: _____

Signature of Person Filing Grievance: _____ **Date:** _____

4. **Investigation:** Responsible Dept.: _____ Person: _____ Date Rec'd: _____

5. Findings / Decisions: _____

6. Recommendations / Actions: _____

Grievance or Concern addressed to my satisfaction. Forward Grievance or Concern to VMH Administration.

Date: _____ Initials: _____ Date: _____ Initials: _____

Signature of Resident: _____ Date: _____

Signature of Investigating Staff Member: _____ Date: _____