



**OMBUDSMAN GRIEVANCE FORM**

**If possible this complaint will remain confidential. However, that may not be possible if the Ombudsman is to do a thorough investigation.**

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Complaint: (describe what happened)

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Was there an injury? Yes  No

Did the nurse see you? Yes  No

Have you talked to a counselor/house leader? Yes  No

If not, what was the reason you chose not to?

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If so, what was the outcome?

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Who else saw or has direct knowledge of the event?

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What would you like done?

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Staff Comments:

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Date Responded to Resident: \_\_\_\_\_

Ombudsman Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Was grievance resolved?    Yes                   No