Bluegrass | Consulting Group

Report of Concern

It is the policy of the facility to provide care in a manner that promotes and protects the rights of each resident and enhances their quality of life through dignity, choice and self-determination. Residents, families and staff are encouraged to report any violation of this commitment to a supervisor or administration. All concerns shall be responded to promptly and without fear of reprisal or discrimination.

Date the Incident Occurred: _____Time the Incident Occurred: _____
Date the incident was Received: _____

Reported to: _____ Department: _____

Affected Resident: _____
Name of Complainant: _____
Relationship:
__ Self
__ Family (Specify) _____
__ Employee (Specify) _____

Description of Concern:
_____
_____
_____
_____

Department Assigned: _____ **Date:** _____

Department Findings:
_____
_____
_____
_____

Follow Up/Resolution:
Corrective Action Taken:
_____
_____
_____
__ Grievance Confirmed __ Grievance Not Confirmed

Complainant Notified On: _____ By: _____

Signature of Responsible Staff: _____ Date: _____
Signature of Executive Director: _____ Date: _____

The following report has been generated as part of the Facility Quality Assessment and Assurance process and constitutes confidential Quality Assurance Committee records.