

GRIEVANCE/COMPLAINT LOG

Date Received	Resident Identifier	Complaint Type <input type="checkbox"/> Care <input type="checkbox"/> Missing Item <input type="checkbox"/> Food <input type="checkbox"/> Equipment <input type="checkbox"/> Roommate <input type="checkbox"/> Other Resident <input type="checkbox"/> Financial <input type="checkbox"/> Reportable <input type="checkbox"/> Other :	Location	Person Filing Report	Date Of Grievance	Abuse/Neglect/ Exploitation/ Injury of Unknown Origin If Yes – Follow Abuse P&P	Person Assigned to Investigate	Date Parties Informed of Findings Response Letter	Comments Actions
						Y/N			
						Y/N			
						Y/N			
						Y/N			
						Y/N			
						Y/N			
						Y/N			
						Y/N			
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