



Virginia Department of Health
Office of Licensure and Certification
Nursing Home Complaint Form

Please be as thorough as possible when completing this form. You may complete this form electronically or by hand. Please print legibly when completing the form by hand. To send this form electronically, type the information directly on the form, save it to your hard drive, then email or fax the completed form to the OLC Complaint Unit. Completed forms can also be mailed to the Complaint Unit.

| | | |
|--|-----------------------------------|-----------------------------------|
| Section 1. Person Filling Out the Complaint Form | | |
| You are not required to fill out this section to file a complaint. However, the VDH Office of Licensure and Certification (OLC) will not be able to contact you to obtain additional information or reach you to notify you of the results of the investigation. | | |
| Name (First and last): | | |
| Address: | | |
| City: | State: | Zip Code: |
| Email address: | | |
| Work Telephone Number: () | Home Telephone Number: () | Cell Telephone Number: () |
| Best time(s) to contact you (please check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | |
| Date you filed the complaint (mm/dd/yyyy): ____/____/____ | | |

| | | |
|--|--------|-----------|
| Section 2. Nursing Home Information | | |
| Facility Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: () | | |

| | |
|--|---|
| Section 3. Resident Information | |
| Resident Name (first and last): | Date of Birth: ____/____/____ |
| Your Relationship to the Resident: | |
| <input type="checkbox"/> Resident (self) | <input type="checkbox"/> Family Member (Spouse/Child/Parent) |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Present or former nursing home employee |
| <input type="checkbox"/> Ombudsman | <input type="checkbox"/> Quality Improvement Organization |
| <input type="checkbox"/> Law Enforcement Agency | <input type="checkbox"/> Media <input type="checkbox"/> Anonymous |
| <input type="checkbox"/> Legal representative/guardian/power of attorney | |
| <input type="checkbox"/> Other, please explain: _____ | |
| Is the Resident still in the nursing home: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do not know | |



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Section 4. Complaint Information

Please provide as much information as possible include the date, time, how often the concern has occurred, and the location where the concern occurred. Feel free to use examples. Please list the people involved or any witnesses at the bottom of this section. You may attach additional pages and reports to this form as needed.

Names of any other person(s) or witness(es) involved in this complaint:

Name (first and last): _____

Contact Information, if known: ()

Name (first and last): _____

Contact Information, if known: ()

Section 5. Reporting of the Complaint

Did you report this complaint to the nursing home staff: No Yes

If yes, please complete the items below.

A. Date the complaint was reported to the nursing home staff person: ___/___/___

B. Name and title of the nursing home staff person to whom the complaint was reported:

Name (first and last): _____

Contact Information, if known: ()

C. What action was taken by the nursing home?



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Section 5. Reporting of the Complaint (continued)

D. Did you report this complaint or incident to any other agency?

- | | |
|--|---|
| <input type="checkbox"/> Long-Term Care Ombudsman | <input type="checkbox"/> Law Enforcement Agency |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Other, please list: _____ | |

Section 6. Complaint Resolution

What do you think should happen in this situation?

Please return completed report to:

Complaint Unit
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Ste. 401
Henrico, VA 23233-1463

Fax Number: 1-804-527-4503
Hot Line Number: 1-800-955-1819
Metro Richmond: (804) 367-2106

OLC-Complaints@vdh.virginia.gov

OLC treats the identity of the complainant and patient as confidential during the course of its investigation pursuant to § 32.1-138.5 of the Code of Virginia. However, the OLC reserves the right to disclose to the nursing facility the nature of the complaint or the identity of the patient who is the subject of the complaint as permitted by § 32.1-138.5 of the Code of Virginia. Section 32.1-138.5 authorizes the disclosure of "the nature of the complaint or the identity of the patient" to the nursing facility. It only permits the disclosure of the complainant's identity in advance of an administrative hearing in which the Department "intends to rely, in whole or in part, on any statements made by the complainant."

I have read and understand the above.

_____ Name _____ Date



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Instructions for Filing a Nursing Home Complaint

Anyone with knowledge or concerns about the care of a resident in a nursing home may file a complaint with the OLC. The VDH Office of Licensure and Certification (OLC) is the agency that has regulatory responsibility for all nursing homes in Virginia.

You may use the attached form to file a complaint if you are concerned about the health care, treatment, or services that you or another person received or did not receive in the nursing home. Some reasons for filing a complaint would be abuse, neglect, poor care, not enough staff, unsafe or unsanitary conditions, dietary problems, or mistreatment. The OLC does not have jurisdiction over provider fees or charges or provider billing practices.

You do not have to use this form when filing a complaint. You may file a complaint with the OLC by any means available to you, including mail, telephone, fax, on-line, or in-person.

Step 1:

Please include as much information as possible when submitting your complaint. The response and timing of any investigation by the OLC will be based upon the information provided,

Report a concern as soon as possible since it will be easier for you to remember the facts and will assist the OLC in gathering important information.

Step 2:

Following receipt of your complaint, a representative from the OLC will contact you about your concerns and discuss the appropriate course of action and anticipated timeframes. The representative will also provide you with a telephone number of a contact person at the OLC for further follow-up.

Step 3:

If your concern involves a possible violation of a Federal or State nursing home regulation, the OLC will conduct an investigation. The investigation may include a review of records, interviews with staff and residents, and the observation of resident care.

Step 4:

At the end of the investigation, the OLC will notify you of the results if you have provided your contact information in Section 1 of the complaint form.