

NURSING HOME COMPLAINT FORM

CONTACT INFORMATION

Providing information about you will allow Department staff to contact you should additional information be needed. It is our policy to keep your name confidential. It may be necessary to share the nature of your complaint or the resident's name or your name with the facility.

Please indicate an "X" for the "No/Yes" Questions

DO YOU WISH TO REMAIN ANONYMOUS? (See above explanation) No Yes

Please provide your contact information for the Department.

First Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ Zip: _____ State: _____

Daytime Phone: _____

Alternative Phone: _____

E-Mail Address: _____

How are you related to the resident? _____

RESIDENT INFORMATION (Required)

First Name: _____ Last Name: _____

Current location: Nursing Home Hospital Other, Explain _____

Date of Nursing Home Discharge, if applicable: _____

FACILITY INFORMATION

Nursing Home Name: _____

Nursing Home
Address: _____

Nursing Home City: _____ Room Number _____

COMPLAINT INFORMATION

What is the date that your concern occurred? _____

Is law enforcement involved? No Yes

Was the care plan followed? No Yes

Have you filed a complaint with the facility? No Yes

Was your concern resolved? No Yes

Are other residents affected by your concern? No Yes

Please briefly describe your complaint and include involvement of any staff, other residents and any witnesses:

INSTRUCTIONS

The New York State Department of Health, Division of Residential Services, reviews complaints related to resident care and services that are provided in a Nursing Home which directly or indirectly affected the resident. To file a complaint about services provided, please complete this form and send to:

**NYSDOH
DRS/SNHCP
Mailstop: CA/LTC
Empire State Plaza
Albany, NY 12237**

or

Fax: (518) 408-1157

or

E-mail: nhintake@health.state.ny.us

Complaints will be accepted if the occurrence is within the past year of the submission of your complaint to the NYS Department of Health.

In order to process your complaint in a timely manner, please:

- Type or Print clearly
- Complete form in its entirety, including your contact information
- Include any names and phone numbers with whom you have already filed a complaint
- Attach copies of paper materials that support your concern **(No originals please)**

The Department of Health has authority from the Centers for Medicare and Medicaid Services to investigate Nursing Home complaints and occurrences which have, or may result in a negative outcome to residents. It is the role of DOH to ensure that facilities are in compliance with regulatory requirements, and to investigate occurrences of abuse, neglect or mistreatment.

The most common types of complaints include: accidents, changes in medical condition that were not addressed in a timely manner, admission and discharge issues, and housekeeping and maintenance issues.

Professional staff will review your concerns and determine how the department will proceed.

Should you have questions, please contact the Centralized Complaint Intake Program at 1-888-201-4563, Monday through Friday 8:30am- 4:45 pm, excluding holidays.