

Area Agency on Aging

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Director of Nursing

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COMPLAINT/INVESTIGATION LOG FORM

Contact Information	
Name:	Phone:
Address:	
Contact Name:	Relationship to Contact:

Complaint Information		
Date Reported:	Date Occurred:	Complaint Taken By:
Complaint Details:		

Investigation Information		
Investigation Details:	Investigation Date: _____	
Corrective Action Taken by Agency:	Corrective Date: _____	
Was Complaint Resolved? Yes No	Date of Resolution:	
If not resolved, forwarded to who and date sent:		
Forwarded to:	Date Forwarded:	
Print Name:	Title:	Date:
Signature:		

Privacy Officer		
Print Name:	Title:	Date
Signature:		