



## Formal Concern / Complaint Form

Windsor Elms Village appreciates you taking the time to complete this form. Providing us with pertinent details will assist us in carrying out an efficient investigation and accomplishing a more timely and satisfactory resolution.

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A. Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Exact Location: \_\_\_\_\_

B. Do you feel the Concern / Complaint in any way compromises safety to any individual(s)?  
Yes  No

Provide any detail you feel is necessary e.g. what are safety concerns, etc. ?

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C. If you feel there are specific laws that are being violated, please explain.

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D. Names of individuals involved (please provide names and job titles wherever possible)

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E. Description of Concern/Complaint: \_\_\_\_\_

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F. Note whether you made a complaint to the nursing home staff. If so, indicate when and who you talked to and what the response was.

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G. After speaking with the Windsor Elms staff explain what action was taken.

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H. Please indicate what action you would like to see taken.

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**Thank you for taking the time to complete this form. Please submit your written complaint/concern to the Neighborhood RN or LPN as soon as possible.**