

**CONFIDENTIAL REPORT
NOT SUBJECT TO PUBLIC DISCLOSURE**

COMPLAINT FROM THE LONG-TERM CARE OMBUDSMAN

Ombudsman/ODIN Case #	
Regulatory Agency Case #	

TO: Name of Agency Receiving Complaint	DATE:
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A. LONG-TERM CARE OMBUDSMAN PROGRAM (LTCOP) CONTACT INFORMATION

LTCOP NAME:	EMAIL ADDRESS:
OMBUDSMAN REPRESENTATIVE:	PHONE:
LTCOP ADDRESS: Street Address, City, State, Zip Code	

B. CO-COMPLAINANT(S) CONTACT INFORMATION

CO-COMPLAINANT NAME:	ROLE/RELATIONSHIP TO RESIDENT:
EMAIL ADDRESS:	PHONE:

C. RESIDENT and/or RESIDENT REPRESENTATIVE* (Complete this section if applicable)

**Completed and signed OSLTCO S201, OSLTCO S203 or OSLTCO S204 is required before disclosing confidential information related to resident/resident representative.*

*RESIDENT NAME:	PHONE:
*CURRENT LOCATION/ADDRESS:	
*RESIDENT REPRESENTATIVE NAME:	PHONE:
*RELATIONSHIP TO RESIDENT:	
COMMENTS ABOUT CONTACTING THE RESIDENT OR RESIDENT REPRESENTATIVE:	

D. COMPLAINT(S) AGAINST

NAME OF SUBJECT: Facility or Individual	LICENSING CATEGORY:
ADDRESS:	PHONE:
NAME OF SUBJECT: Facility or Individual	LICENSING CATEGORY:
ADDRESS:	PHONE:

E. COMPLAINT(S)

*Provide details about **Who** – include full name and title of personnel, if applicable, **What, When** – include time and date, if available, **Where**.*

DESCRIPTION OF INCIDENT(S):

QUALITY OF CARE AND/OR QUALITY OF LIFE ISSUES IDENTIFIED (Include applicable regulatory violations, if known):

F. OTHER PERSONS BELIEVED TO HAVE KNOWLEDGE OF INCIDENT(S)

NAME:	PHONE :
ADDRESS:	
NAME:	PHONE:
ADDRESS:	

G. COMPLAINT ALSO REFERRED TO (Check all that apply):

- Aide and Technician Certification Section (ATCS) – Licensing & Certification (L&C) Division - California Department of Public Health (CDPH)
- Board of Chiropractic Examiners – California Department of Consumer Affairs (CDCA)
- Board of Pharmacy - CDCA
- Board of Registered Nursing - CDCA
- Board of Vocational Nursing and Psychiatric Technicians – CDCA
- Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA), Department of Justice - Office of the Attorney General (DOJ OAG)
- Centers for Medicare and Medicaid Services (CMS)
- City Attorney
- Community Care Licensing Division, Department of Social Services (CCLD-DSS)
- Dental Board of California - CDCA
- Licensing & Certification (L&C) Division, California Department of Public Health (CDPH)
- Local District Attorney
- Local Law Enforcement
- Medical Board of California - CDCA
- Nursing Home Administrator Program – L&C - CDPH
- Office of the Inspector General (OIG)
- Osteopathic Medical Board of California – CDCA
- Physician Assistant Board - CDCA
- Senior Medicare Patrol - Administration on Aging (AoA)
- Other: _____

H. LTCOP COORDINATOR COMPLETING FORM

NAME (Type or print)	SIGNATURE	DATE
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