

What Happened?

A Form for Documenting Concerns



This form is intended to help long-term care residents, their family members, and advocates document important details following an incident, concern, or change in condition. The information collected can support effective advocacy, follow-up with facility staff, and communication with oversight agencies. You can share this with a grievance officer, your ombudsman, your state survey agency, or whomever you file your complaint with. Remember to keep a copy for yourself.

Resident Information

Resident Name:

Date of Report:

Facility Name:

Room Number:

SECTION I: The Concern

What happened?

Fall Pressure sore Conflict with staff Conflict with resident Medication issue

Other:

Describe the incident

Where did it occur?

When did it occur (or when was it noticed)?

What was happening at the time?

Was this a typical situation? Yes No

Why do you think it happened?

Who was involved?

Were there witnesses? Yes No If yes, who:

Has it happened before? Yes No How often?

SECTION 2: Your Response

Did you call for help? Yes No Wait time:

Who responded or assisted?

How did staff respond?

Was a plan discussed to prevent this from happening again? Yes No

Details:

Are you afraid this might happen again? Yes No

Comments (optional):

Are you receiving any treatment or therapy because of this? Yes No

Type:

SECTION 3: The Environment

Was there anything in the area that may have contributed to the incident? Yes No

Explain:

Could this reflect a larger issue in the facility? Yes No

Explain:

Was the area clean? Yes No Not sure

Which staff were on duty and what is their title/role?

How many staff were working in the hall/wing?

SECTION 4: Next Steps

Have you reported the concern to anyone else? Yes No

If yes, who:

Was a formal complaint made?

Yes, to the facility administration or grievance officer Yes, to the ombudsman

Yes, to the survey agency Yes, other:

No Not yet, but plan to

Facility's follow-up actions:

Next steps to be taken:

Request investigation Ask for care plan meeting Request safety changes

Monitor condition Other: