



LONG TERM CARE OMBUDSMAN PROGRAM COMPLAINT INTAKE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING SERVICES

SFN 1829 (3-2023)

The Long Term Care (LTC) Ombudsman Program receives, investigates, and works to resolve complaints affecting the health, safety and welfare of residents of **long term care facilities** (defined as skilled nursing homes, basic care homes, assisted living homes, and includes hospital swing bed and transitional care units)

The local LTC ombudsman can also be contacted by calling **1-855-462-5465**.

| | | | |
|---|---------------------------------|-------|----------|
| Name (Last, First) | | | |
| Address | City | State | ZIP Code |
| Telephone Number (include area code) | Relationship to Resident | | |
| Name of Resident (required) | | | |
| Name of Facility (required) | Location of Facility (required) | | |
| Type of Long Term Care Facility <input type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Basic Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Swing Bed <input type="checkbox"/> Transitional Care | | | |
| Describe Complaint or Concern (give as much detail as possible) (required) | | | |

Describe Action Taken Regarding This Complaint or Concern (if any)

| | | |
|---|--|------------------|
| Is the resident his/her own decision maker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | If No, Name of Legal Representative <input type="checkbox"/> Unknown | Telephone Number |
| Type of Legal Representative <input type="checkbox"/> Power of Attorney - Health Care <input type="checkbox"/> Power of Attorney - Financial <input type="checkbox"/> Guardian | | |

FOR OFFICE USE ONLY

| | |
|-------------|---------------|
| Received By | Date Received |
| Assigned To | Date Assigned |

Email copy of completed form to: dhsagingombud@nd.gov OR Mail to:
State Long Term Care Ombudsman
1237 W. Divide Ave Ste 6
Bismarck ND 58501