

## NURSING HOME RESIDENTS' RIGHTS COMPLAINT REPORT

- Chapter 50.09, Wisconsin State Statutes, establishes the rights of residents in nursing homes and requires all facilities to establish a system of reviewing complaints and allegations of violations of residents' rights under Chapter 50.09(6), Wis. Stats. The Statute requires the facility to summarize complaints or allegations of violations of residents' rights and to report this information to the Department of Health Services per Chapter 50.03(4)(c)(2), Wis. Stats. Failure to provide residents' rights information may result in revocation of your license under Chapter 50.03(4)(c)2., Wis. Stats.
- Personal information reported to the Department is collected to comply with Chapter 50.09(6)(d), Wis. Stats., and will be used for no other purpose.
- **This report must be submitted with the license application for a new facility or change of ownership and the annual report for a continuing facility.**

Name - Facility		License Number
Address		
City	Zip Code	Telephone Number

- Include with this report, complaints or allegations of violations of rights (verbal or written) not previously submitted to the Division of Quality Assurance. Attach a statement or statements summarizing each complaint or allegation of violation of rights, established under Chapter 50.09, Wis. Stats., registered at your facility.

**NOTE: Do not report staff-to-resident incidents that have already been reported to the Division of Quality Assurance.**

- Chapter 50.09(6)(d), Wis. Stats., requires submission of a statement (sample report attached) that includes a description of the complaint or violation of rights and contains the following:
  1. Original date of the report
  2. Date or approximate date of the incident
  3. Date or estimated date of disposition
  4. Full name of person or persons initiating the complaint or allegation of violation
  5. Full names of residents involved
  6. Full names of witnesses and informants
  7. Disposition of the matter

Have you enclosed summary statements for review?  No  Yes If "Yes," how many? \_\_\_\_

**If you are enclosing summary statements, return the original of this form with one copy and enclose two copies of the summary statements.**

- **THIS FORM MUST BE RETURNED TO THE ADDRESS BELOW:**

Division of Quality Assurance  
Bureau of Nursing Home Resident Care  
ATTN: Gail Hansen  
P.O. Box 2969  
Madison, WI 53701-2969

- **Keep a copy of this form and a copy of all statements on file at your facility.**
- If you have any questions about completing this requirement, please contact your Division of Quality Assurance Regional Field Operations Director.

## SAMPLE RESIDENTS' RIGHTS COMPLAINT REPORT

A Report on the Rights of Residents - Chapter 50.09(6)(d), Wis. Stats.

Name - Facility	Telephone Number
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Address	City	Zip Code
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**FULL NAMES OF PERSONS INITIATING THE COMPLAINT AND THEIR RELATIONSHIPS TO RESIDENT**


**FULL NAMES OF RESIDENTS INVOLVED IN INCIDENT**


**FULL NAMES OF INFORMANTS OR WITNESSES OTHER THAN THOSE LISTED ABOVE**


**Give a brief description of the incident (include date and time of day). Describe the disposition of the matter and the date of disposition.**

<b>SIGNATURE</b> – Person Completing Form	Title	Date Signed
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