### DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Quality Assurance Page 1 of 2

F-62430 (04/2009)

## **COMMUNITY BASED RESIDENTIAL FACILITY (CBRF)**

## **RESIDENTS' RIGHTS COMPLAINT REPORT**

* Wisconsin State Statute § 50.09(6) establishes the rights of residents in community-based residential facilities and requires all facilities to establish a system of reviewing complaints and allegations of violations of residents' rights.
* 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 Wis. Stat. § 50.03(4)(c). Failure to provide residents' rights information may result in revocation of your license under § 50.03(4)(c)1.
* Personal information reported to the Department is collected to comply with § 50.09(6)(d) and will be used for no other purpose.
* **This report must be submitted with the biennial report for a continuing facility.**
* A sample report is attached. If you have any questions about completing this requirement, please contact your Division of Quality Assurance Assisted Living Regional Director. Contact information is available at :

[**http://dhs.wisconsin.gov/rl\_dsl/Contacts/ALSreglmap.htm**](http://dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglmap.htm)

* **Return ONE COPY of this form and all attachments to your Division of Quality Assurance REGIONAL OFFICE.**
* **KEEP A COPY OF THIS FORM AND A COPY OF ALL STATEMENTS ON FILE AT YOUR FACILITY.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name – Facility | | | License Number | | |
| Address | | | | | |
| City | Zip Code | Telephone Number | | FAX Number | |
| Wis. Stat. § 50.09(6)(d) requires submission of a statement 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 | | | | | |

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**SAMPLE RESIDENTS' RIGHTS COMPLAINT REPORT**

A Report on the Rights of Residents per Wis. Stat. § 50.09(6)(d)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name – Facility | | | Telephone Number | | |
| Address | | City | | | Zip Code |
| Full Names of Persons Initiating the Complaint and Relationship to Resident | | | | | |
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|  |  | | | | |
| Full Names of Residents Involved in Incident | | | | | |
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|  |  | | | | |
| Full Names of Informants or Witnesses Other than Those Listed Above | | | | | |
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| Give a brief description of the incident (include date and time of day). Describe the disposition of the matter and the date of disposition. | | | | | |
|  | | | | | |
| **SIGNATURE** – Individual Completing This Form | | | | Date Signed | |
| Name – Individual Completing This Form *(Print or type.)* | Title | | | | |