

## Record-Keeping Form for Resident Concerns

This form should be used to keep records of a problem or concern and how it is addressed by the Facility. Keeping track of **to whom you spoke** and **when**, what the **response** was, and what **actions were taken** to resolve the problem **WILL STRENGTHEN OUR ADVOCACY**, both in the Facility and beyond. It will also facilitate conversations and follow-up with staff and administration, and ultimately help drive positive change for our loved ones.

**Your name (or you can remain anonymous):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Date & Time When Issue Occurred or Was Discovered:** \_\_\_\_\_

(The time is important. If exact time is not known, please give an estimate or note the shift—morning, evening, or overnight)

**Issue Description and Observations:**

**People Involved or Witnesses (if any):**

**Staff Person(s) Spoken To:**

**Response/Plan of Action from Staff:**