ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Aging and Adult Services

OMBUDSMAN CASE

TO BE COMPLETED WHEN A COMPLAINT IS RECEIVED BY THE CERTIFIED OMBUDSMAN PROGRAM. OMBUDSMAN'S NAME			
OMBUDSMAN'S NAME			
1. COMPLAINT SETTING:			
Skilled Nursing Facility	Unlicensed Home		Assisted Living Center
Assisted Living Home 2. NAME OF FACILITY THAT ORIGNINATED COMPLAIR	Adult Foster Care		Other (Q Complaint Category Only)
2. NAME OF FACILITY THAT ORIGININATED COMPLAIN	NI		
REGION:			
Region One Region	ion Two	Region T	Three Region Four
	ion Six	Region S	
DATE RECEIVED	DATE OF INITIAL O		DATE CLOSED
3. CLIENT TYPE Group		GENDER	Female
Individual			Male
ETHNIC CATEGORY			
☐ Native American Indian ☐ Asia	Asian Black/African-American Caucasian		
	known/multi		specify):
4. REPORTING SOURCE			
Resident Facility staff Relative/friend			
<u> </u>	lative/guardian/lega	l representative	Medical person/physician/staff
Ombudsman Unknown/anonymous Other (specify)			
Complaint Code Table			
Record the complaint categories as applicable. One category per complaint.			
	Findin	g Code	
Complaint Code	Verified or	NI . XI 'C' 1	Disposition Code
(use Reference Code Table)	Partially Verified	Not Verified	•
	vermed		
		П	
Nature of Complaint			

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call (602) 542-4446; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.