



pennsylvania

DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

PA Bureau of State Veterans Homes Resident Grievance Form

Section 1. Complainant Information.

If you wish to remain anonymous, please do not complete this section of the form. You may choose to remain completely anonymous; however, the facility will not be able to contact you for additional information or provide you updates on resolution of the complaint.

Name (First and Last):

Address:

Postal Code

City:

State

Date of Complaint

Email Address

Telephone

Preferred
Contact

Facility

Phone

DVVH

Email

GJMVC

Mail

HVH

PSSH

SEVC

SWVC

Section 2: Resident Information

Resident First
Name

Resident
Last Name

Is the resident still in the facility?

Yes

No

Unknown

Resident Date of Birth

Your Relationship to the Resident

Resident (Self)

Ombudsman

Legal Representative/Guardian/POA

Present or Former Facility Employee

Other

Friend

Law Enforcement

Family Member (Spouse/Child/Parent)

Quality Improvement Organization

Section 3. Complaint Information

Please provide as much information as possible. Feel free to use examples. Please list the people involved or any witnesses at the bottom of this section. You may attach additional pages and reports to this form as needed.

Date of

occurrence

Time of occurrence:

Has this concern occurred before?

Yes

No

Location of occurrence (please specify building, unit, room number, etc):

Did you report this complaint to staff at the time of occurrence?

Yes

No

Name of staff member receiving the complaint:

Description of occurrence:

Names of other persons or witnesses involved in this complaint

What do you think should happen in this situation?

Upon completing the form online, please save and send via email to RA-MVVA-Homes@pa.gov.