

**KEIRO RESIDENT/STAFF COMPLAINT INQUIRY**

**Date:**

**Name:**

**Address:**

**Telephone number and email address:**

**Age:**

**Ethnicity:**

**Primary Language Used:**

1. Are you a resident or staff? (Circle one) **Resident / Staff**

2. If you are a resident, please indicate which facility you reside at and for how long.

**Facility** \_\_\_\_\_ **How long** \_\_\_\_\_

3. If you are a staff, please indicate your position and length of employment:

\_\_\_\_\_

4. Date most recent problem started \_\_\_\_\_

5. Briefly state nature of problem experienced: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Did you suffer from emotional or medical condition as a result of the problem (ex. sleep problems, nervousness, depressed mood, hopelessness, loss of appetite, high blood pressure, pneumonia, infections, nausea/vomiting/diarrhea, irregular heartbeat, heart attack, stroke, etc.)? **Yes** or **No**. If yes, please describe the nature of condition.

\_\_\_\_\_

\_\_\_\_\_

7. If you answered "yes" to question 6, did you seek help from a staff nurse, a doctor, or anyone else for the condition you suffered from?

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8. Have you reported the problem and if so, whom did you contact to report the problem?

**Person contacted:** \_\_\_\_\_

\_\_If you reported the problem, what response did you receive?

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9. Has there been any retaliation as a result of your reporting the problem? Yes or No.

If yes, please describe the nature of retaliation. **Yes / No**

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10. (For staff) As a result of the problem, have you thought of or decided to terminate employment? If yes, please indicate date of termination:

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11. (For residents) As a result of the problem, have you thought of or decided to transfer to another retirement or nursing home? If yes, please indicate date of transfer:

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12. Has there been a decrease in services offered in Japanese language? If so, briefly describe them and how they have affected you. (ex. loss of Japanese-speaking staff, volunteers, activities, etc.)

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13. Please state any other comments.

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