

Jessie Parker Building 510 E 12th Street, Ste. 2 Des Moines, IA 50319 P: 515.725.3333 | F: 515.725.3313 | 866.236.1430 www.iowaaging.gov

## **Volunteer Ombudsman Program Formal Complaint Form**

The Office of the State Long-Term Care Ombudsman and the Volunteer Ombudsman Program (VOP) hold themselves to the highest levels of integrity, and expect that our representatives will hold themselves to the highest standard of conduct while in service to the program.

Volunteer Ombudsmen will be held accountable for their actions or inactions which are in violation of Volunteer Ombudsman Program (VOP) written policies or which are harmful to the intent, effectiveness, or reputation of the Volunteer Ombudsman Program.

Complaints against a Volunteer Ombudsman may be made by facility staff, residents, residents' representatives, concerned members of the public, the VOP, or the Office of the State Long-Term Care Ombudsman. Submission of a formal complaint will require the complaining party to identify themselves (thus, no anonymous formal complaints).

Depending on the severity and accuracy of the complaint, Volunteer Ombudsmen may be subject to disciplinary action up to and including termination from the VOP.

Upon receipt of a completed Formal Complaint Form:

- The Volunteer Ombudsman will be notified of the complaint.
- The VOP Coordinator will investigate the allegation by contacting the applicable parties to determine the validity of the complaint and what further action is needed, if any.
- Once the complaint is determined by the VOP Coordinator to be resolved, a written follow up will be
  delivered to the complainant at the mailing address that was provided on the Formal Complaint Form.

Complaint Forms may be submitted by mail, fax, or e-mail to:

Volunteer Ombuds<mark>man Program</mark> 510 E. 12<sup>th</sup> Street, Suite 2

Des Moines, IA 50319 Fax: 515.725.3313

E-mail: VolunteerVOP@iowa.gov

## Volunteer Ombudsman Complaint Form (paper copy format)

Name of Complainant:
Mailing address:
E-mail address:
Contact telephone number:
Name of Volunteer Ombudsman:
Complainant's Relationship to Volunteer Ombudsman:
Long-Term Care Facility Associated with Complaint:
Date(s) Cause for Complaint Occurred:
Description of Complaint—please be as detailed as possible, you may attach a written description or supporting documents to this form.
Signature Date

Return complaint form to Volunteer Ombudsman Program 510 E. 12<sup>th</sup> Street, Suite 2 Des Moines, IA 50319 or fax 515-725-3313.