



DEPARTMENT
ADMINISTRATION

SUBJECT
FILING GRIEVANCES/COMPLAINTS

POLICY STATEMENT:

St. Luke Health Services assists residents, their representatives (sponsors), other interested family members, or resident advocates in filing grievances or complaints when such requests are made.

POLICY INTERPRETATION AND IMPLEMENTATION:

1. Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of threat or reprisal in any form.
2. Grievances and/or complaints may be submitted orally or in writing. The resident or the person filing the grievance or complaint on behalf of the resident must sign written complaints or grievances. (**Note:** A sample copy of our facility's "Resident Grievance/Complaint Form" is attached (Form #14).
3. The Administrator has delegated the responsibility of grievance and/or complaint investigation to the Director of Social Service.
4. Upon receipt of a written grievance and/or complaint, the Director of Social Service will investigate the allegations and submit a report of such findings to the Administrator within 7 working days of receiving the grievance and/or complaint.
5. The Administrator will review the findings with the person investigating the complaint to determine what corrective actions, if any, need to be taken.
6. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. A written summary of the report will also be provided to the resident if requested, and a copy will be filed in the administrative files.
7. Should the resident not be satisfied with the result of the investigation, or the recommended actions, he or she may file a written complaint to the local ombudsman office or to the state survey and certification agency.

ATTACHMENTS: [Grievance-Complaint Report ADM](#), Form #ADM-14

Administrator

Date

Prepared By

Date

Originated Date: 10/2/03

Reviewed: 10/9/2025