Orchard Manor
Compliance Complaint Form

A resident, his or her representative (sponsor), family member, visitor or advocate may file a *verbal* or *written* compliance complaint concerning treatment, abuse, neglect, harassment, medical care, behavior of other residents or staff members, theft of property, fraud, unethical conduct, inaccurate billing, etc., without fear of threat or reprisal in any form.

Please complete the following when filing a **written** compliance complaint:

NAME: _____ Telephone # _____	
ADDRESS:	CITY, STATE & ZIP
DATE, TIME of INCIDENT:	
Describe the compliance issue / complaint (Details of your concern): _____ _____ _____ _____ _____ _____ _____ _____ _____ (Attach additional pages if needed)	
Names of persons or others involved or that have knowledge of the issue: _____ _____ _____ _____	

Give completed form to Compliance Officer (Director of Employee Services-Door #112 or Director of Finance-Door #115) or Administrator. You can telephone 608-723-2113 and ask for Carol Schwartz or Laura Lane to discuss any concerns. Also, a completed Form be printed and sent via mail to the Compliance Officer at 8800 Hwy 61, Lancaster, WI 53813, or emailed to: cschwartz@co.grant.wi.gov or llane@co.grant.wi.gov