

COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) RESIDENTS' RIGHTS COMPLAINT REPORT

- Chapter 50.09 of the Wisconsin State Statutes establishes the rights of residents in community-based residential facilities and requires all facilities to establish a system of reviewing complaints and allegations of violations of residents' rights under Section 50.09(6), Wis. Stats.
- The Statute requires the facility to summarize complaints or allegations of violations of residents' rights and to report this information to the Department of Health Services per Section 50.03(4)(c), Wis. Stats. Failure to provide residents' rights information may result in revocation of your license under Section 50.03(4)(c)1., Wis. Stats.
- Personal information reported to the Department is collected to comply with Section 50.09(6)(d), Wis. Stats., and will be used for no other purpose.

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- **This report must be submitted with the biennial report for a continuing facility.**
 - A sample report is attached. If you have any questions about completing this requirement, please contact your Division of Quality Assurance Assisted Living Regional Director. Contact information is available at http://dhs.wisconsin.gov/rl_ds/Contacts/ALSreglmap.htm
 - **Return ONE COPY of this form and all attachments to your Division of Quality Assurance REGIONAL OFFICE.**
 - **KEEP A COPY OF THIS FORM AND A COPY OF ALL STATEMENTS ON FILE AT YOUR FACILITY.**

Name - Facility		License Number	
Address			
City	Zip Code	Telephone Number	FAX Number

Section 50.09(6)(d), Wis. Stats., requires submission of a statement that includes a description of the complaint or violation of rights and contains the following:

1. Original date of the report;
2. Date or approximate date of the incident;
3. Date or estimated date of disposition;
4. Full name of person or persons initiating the complaint or allegation of violation;
5. Full names of residents involved;
6. Full names of witnesses and informants; and
7. Disposition of the matter.

SAMPLE RESIDENTS' RIGHTS COMPLAINT REPORT

A Report on the Rights of Residents per Chapter 50.09(6)(d), Wis. Stats.

Name - Facility	Telephone Number
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Address	City	Zip Code
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Full Names of Persons Initiating the Complaint and Relationship to Resident

Full Names of Residents Involved in Incident

Full Names of Informants or Witnesses Other than Those Listed Above

Give a brief description of the incident (include date and time of day). Describe the disposition of the matter and the date of disposition.

SIGNATURE - Individual Completing This Form	Date Signed
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Name – Individual Completing This Form <i>(Print or type.)</i>	Title
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