

**RESIDENT AUTHORIZATION FORM**

**Your signature on this Resident Authorization Form gives written consent for the Regional Ombudsman and/or Community Advisory Committee to pursue complaint resolution on your behalf. The signed form is kept in the Regional Ombudsman's file.**

**A. Permission to Pursue Complaint**

\_\_\_\_\_  
(Name) (Title)

**has my permission to discuss the complaint(s) I have regarding my care with the administration and staff of \_\_\_\_\_  
(Facility)**

**as well as with other individuals deemed necessary to resolve the complaint(s).**

\_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**I also give permission for my name to be disclosed in the complaint resolution process.**

\_\_\_\_\_ **yes** \_\_\_\_\_ **no**

\_\_\_\_\_  
**Signature of Resident** **Date**