The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, Massachusetts 02108

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD   1-800-872-0166
www.mass.gov/elder

Submit Completed Form:
1) **By Mail to ALR Certification at address noted above**
2) **By Email to ALRHelp@mass.gov**

Massachusetts Assisted Living Residence (ALR) Complaint Form

Person Filing Complaint
If you wish to remain anonymous, leave this section blank.

Name (First and Last):

Address:

City: **State:**   **Zip Code:**

Email Address:

Primary Phone Number: **Secondary Phone Number:**

Date Complaint Being Submitted (m/d/yy):

Would you like to be notified of any upcoming EOEA public forums regarding Assisted Living?

         Yes   No

Assisted Living Residence (ALR)

ALR Name:

Address:

City:

Resident Information

Name (First and Last):

Resident Currently Lives at ALR: Yes   No

Complainant's Relationship to Resident:

         Self   **Family Member**

         Legal Representative (HCP, POA, Guardian)   **Friend**

    Other:

         Employee—Present   Former

         First Responder (EMTs, Paramedic)   **Healthcare Provider**

         Anonymous   **Law Enforcement Agent**

Nature of the Complaint

  Quality of Care

  Medication Management/Errors

  Drug Diversion/Theft

  Theft

  Alleged, Suspected or Confirmed Abuse, Neglect or Financial Exploitation

  Billing/Fees

  Environmental Safety

  Staffing Levels

  Unprofessional Practice

  Discrimination

 Other:

Did you report this complaint to any other agency?

  ALR Ombudsman   **Law Enforcement**

  Protective Services   **Attorney General**

 Other:

Name & Title of ALR Staff notified of your complaint, if applicable:

Date Notified:

ALR's Response to Complaint:

Do you grant EOEA permission to share this complaint with the ALR's management?

  Yes   **No**

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Description of Complaint (Including Details, Dates, Locations, Names, Etc.) —Attach Additional Pages if Needed: