

Massachusetts Assisted Living Residence (ALR) Complaint Form

Submit Completed Form:

1) By mail to:

The Executive Office of Aging & Independence
One Ashburton Place, 10th floor
Boston, MA 02108

2) By email to: ALRHelp@mass.gov

Person Filling Complaint

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

Name (First & Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Date complaint is being submitted (m/d/yy): _____

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

Yes

No

Assisted Living Residence (ALR)

ALR Name: _____

Address: _____

City: _____

Resident Information

Name (First & Last): _____

Resident currently lives at ALR: Yes ☐ No ☐

Complainant's relationship to resident:

- Self
- Family member
- Legal representative
- Friend
- First responder
- Healthcare provider
- Law enforcement agency
- Anonymous
- Other

What is the 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, please list reason:

Did you report this complaint to any other agency?

ALR Ombudsman
Law Enforcement
Protective Services
Attorney General
Other, please list agency:

Name and title of ALR staff notified of your complaint, if applicable:

Date notified: _____

ALR's Response to complaint:

Do you grant the Executive Office of Aging & Independence permission to share this complaint with the ALR's management?

Yes

No

**Description of complaint (including details, dates, locations, names, etc.) –
attach additional pages if needed:**