

## VOLUNTEER OMBUDSMAN FACILITY VISIT REPORT

**Date:** \_\_\_\_\_

**Volunteer Ombudsman:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Time Entering:** \_\_\_\_\_      **Time Leaving:** \_\_\_\_\_

**Total Time (travel, visit, documentation):** \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

**Number of Residents visited:** \_\_\_\_\_

**Assistance Needed:**

<b>Resident Room #</b>	<b>Observation/ Problem</b>	<b>Follow-Up Needed</b>	<b>Emergency?</b>	<b>Referred To:</b>

**Facility Observations/ Comments: (i.e. No posters posted)**

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