RESIDENT ORAL CONSENT FORM

TO WHOM IT MAY CONCERN:

I have obtained the ora	al consent of:
	at
Resident	Facility
to disclose his/her iden investigation.	tity for the purpose of complaint
Such consent was obtain	ined by me on
	Date
	Regional Ombudsman
	or
	Community Advisory Committee Member
	Date

(NOTE: If the complainant and resident are not the same individual, the consent of each is required).

DHHS-DAAS-9114 3/06