

[PUT YOUR ORGANIZATION
NAME HERE]

Tell My Story Form

HELP IN OUR CAMPAIGN FOR ADEQUATE NURSING HOME STAFFING

I am a: ___ nursing home resident ___ family member/friend of a resident
 ___ nurse aide ___ nurse
 ___ ombudsperson ___ advocate ___ other: _____

I have personally experienced or witnessed the following incident(s) which I believe resulted from inadequate staffing levels. Please tell the whole story, including the outcomes, and attach additional sheets if necessary:

If you can, please include a photograph of yourself with your story.

My name is _____

___ Please feel free to use my name. ___ Please use an alias, and not my real name.

We will keep the information below confidential if you checked and asked us to use an alias, but we need this information.

PLEASE PRINT

Address: _____

Day Phone: _____ Evening phone: _____

CONSENT RELEASE

I agree to allow [INSERT YOUR ORGANIZATION NAME] use the above information as part of their campaign to assure adequate staffing levels in nursing homes. I understand that it might be necessary to summarize my story.

Signature: _____ Date: _____

Please return this form to [PUT YOUR ORGANIZATION'S NAME & ADDRESS HERE]