

[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:

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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]***