

TO BE COMPLETED BY STAFF

PART B

Investigate of concern/complaint (who, where, when, what, why):

Problems identified:

Actions taken (resolution and/or referral to):

Recommendation/s:

Problem Resolved: **Yes** **No**

Contacted Resident/Customer's Name: _____

Date	Time	Name (please print)
_____	_____	_____

Date	Manager/Supervisor Name	Signature
_____	_____	_____

Date	Director Name	Signature
_____	_____	_____

Identify all of the categories that apply for the above concern, complaint or compliment:

Care Staff Recreation/Therapy Accommodation/Facility Privacy

Meals/Dietary Housekeeping Laundry Pastoral Care Financial Other