



CLIENT FEEDBACK FORM

	Compliment		Concern		Complaint	
PART A						
Date:				Time:		
Resident/Customer's Name:						
Address (if applicable):						
Suite #:	Phone: He	ome:		Cell: _		
Business: _						
Describe: (\	who, when, where	e, what, a	and why)			
Name (pleas	se print)	Signat	ure			

Please give this form to the Charge Nurse or Site Manager. Your concern will be forwarded to the appropriate individual for follow up. You will be contacted within 72 business hours to confirm we have received your concern. If your concern is urgent, please notify the Charge Nurse.

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	l: ☐ Yes	□ No			
Contacted Resident/Customer's Name:					
Date	Time Name (please print)				
Date	Manager/Supervisor Name	Signature			
Date	Director Name	Signature			
Identify <u>all</u> 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					