

## Complaint/Concern Form

Date \_\_\_\_\_

Form Completed By: \_\_\_\_\_

**From**

**Name**

- Client \_\_\_\_\_
- Family/Caregiver \_\_\_\_\_
- Visitor \_\_\_\_\_
- Volunteer \_\_\_\_\_
- Staff \_\_\_\_\_

Explain concern:

(e.g. Who? What? When? Where? How? Why?)

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Client # (if applicable) \_\_\_\_\_

How may we contact you?

- Phone       Mail

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Suggestion to resolve concern:

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**Regarding**

- Care                       Staff
- Program                  Billing
- Food                       Other: \_\_\_\_\_

- New situation       Repeated situation

**Date of Incident:** \_\_\_\_\_

Do you wish to be informed regarding the outcome of our review?

- Yes       No

FOR OFFICE USE ONLY

**Complaint/Concern Follow-up**

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Follow-up date: \_\_\_\_\_

Follow-up Action

Signature of Staff Responsible for Follow-up: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_