

FEEDBACK FORM

Compliments, Complaints, Suggestions

"Have your say"

We value your compliments, complaints and suggestions, as they assist us to improve our service, so please **have your say** and drop this form in the "Suggestion Box "or give to relevant staff, or feel free to approach the Care Services Manager.

Is this a -

Compliment

Complaint

Suggestion

.....

.....

.....

.....

.....

.....

.....

.....

Area:

Casa Cabrini GF

John Re

Houses

ILU

Casa Cabrini L1

Nursing Home

Laundry

Day Therapy

Casa Cabrini L2

Special Care

Kitchen

Home Care

Other _____

Are you a –

Resident

Family member

Staff member

Staff member for resident

Other: _____

Does it involve -

Staff

Clinical Care

Catering / Laundry / Cleaning

Activities / Therapy

Living Environment

What would you like to see happen as a result of your feedback?

To be contacted

Explanation

Apology

Not sure

I do not wish to be contacted

Other _____

If you have indicated that you wish to be contacted, want an explanation or an apology, please include your name below.

Name(optional) _____ Date: _____

Action:.....
.....
.....

Outcome:.....
.....
.....

Evaluation demonstrates –

- Resident satisfied
- Family member/representative satisfied
- Improvement demonstrated
- Other
- Issue resolved
- Issue no longer relevant
- Ongoing action required (see PCI)

Feedback

Name:

Date:

CLOSED OUT/COMPLETE

Signature:.....

Designation:

Date: