

## **Long-Term Care Division** 789 Broadway Street, Box 3000 Wyoming, ON NON 1T0

Telephone: 519-845-0801 Toll-free: 1-866-324-6912

Fax: 519-845-3872 www.lambtoncares.ca

## **SUGGESTIONS CONCERNS & COMPLAINTS FORM**

The purpose of this form is to provide a formal mechanism for receiving, investigating and responding to the suggestions, complaints and/or concerns of people living in the Homes, Day Program participants, clients, family representatives and staff; and to improve quality of care and reduce risk.

				Lambton Meadowview Villa Marshall Gowland Manor	
Date & Time				North Lambton Lodge	ш
Elder's Name:			Person submitting (if other than Elder)	:	
☐ Person living in the Home☐ Staff	☐ Family Represer☐ Other:	ıtative		Preferred Contact Method:  ☐Phone:	
				□Email:	
This is a: ☐ Suggestion	☐ Concern		omplaint		
This was received: ☐ Verbally	☐ In Writing				
Suggested Resolutions:					
Thank yo			lete this form. Your inp en a final resolution is re		
Staff member receiving form:		Department:			
☐ I wish to file a writte (Copy will be forwar		y of Lo	ng-Term Care)		



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Item #: (From C	Complaint Tracking Spreadshe	_ et)				
Department	∷ □ Nursing	☐ Dietary/Nutrition	☐ Environmenta	nvironmental ecreation and Leisure		
	☐ Social Work	☐ Community Services	☐ Recreation ar			
Supervisor a	addressing Concern	:				
ction Taken (de	etail any investigation t - include or attach to f	taken as well as any commun	ication By Who	Date		
ur complanant	morade or attach to h	omy				
☐ Resolved th	ne suggestion, concern, o	complaint (Forward to General N	 √langer, Long-Term ca	are)		
Signed:			Date:			

**ACTION PLAN**