

**RC-09-01-04 Appendix 5**

This form is to be filled out by family, visitors and/or residents of Glen Stor Dun Lodge (GSDL) who are lodging a complaint regarding care provided by GSDL employees or in general.

**COMPLAINANT INFORMATION**

<input type="checkbox"/> I am filling this form out at the request of/on behalf of a resident
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Name:		Resident:	
Phone:		Email:	

**INCIDENT DETAILS**

Nature of Complaint ( <i>i.e. Resident Neglect, Conduct, etc.</i> ):	
Complaint Area(s):	
<input type="checkbox"/> Administration <input type="checkbox"/> Food Service <input type="checkbox"/> Recreation <input type="checkbox"/> Resident Care <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Health & Safety <input type="checkbox"/> Other: _____	
Date of Incident:	Time of Incident:
Location of Incident:	

**Summary/Details of Complaint:**

**FOLLOW-UP (TO BE FILLED OUT BY GSDL STAFF)**

Complaint Received By:		Date Received:	
Complaint Investigated By:			

**INITIAL ACTIONS TAKEN:**

<input type="checkbox"/> Complaint Acknowledged	<input type="checkbox"/> C.I. Submitted (if applicable)
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Please indicate any actions taken to resolve/address the complaint:

Please provide details of the outcome/resolution of the investigation:

**CONCLUSION OF INVESTIGATION:**

<input type="checkbox"/> Formal response provided to complainant within ten (10) business days.	
Method: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> In Person	Date Responded:
Was the complainant satisfied with the actions taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why:

Investigator/Supervisor Signature:	Date:

*Please submit to the Administrator upon completion.*