GLEN STOR DUN LODGE
Compliments, Concerns & Complaints

RC-09-01-04 A1
Appendix 1

SECTION A: General Information

Date:		Name of Person Forwarding Compliment/concern/Complaint	
Time:		Phone # of person forwarding compliment/ concern/complaint	
Name of Resident:		Name of person receiving compliment/ concern/complaint	
Room #:		Position of person receiving compliment/concern/complaint	

SECTION B: Details

Nature of Compliment/ Concern/Complaint:	
Area of Focus:	☐ Administration ☐ Food Service ☐ Recreation ☐ Resident Care ☐ Housekeeping ☐ Laundry ☐ Health & Safety ☐ Other: _____

Details:

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Signature of Person Submitting Form: _____

As per complaint policy, a response will be provided within 10 business days.

Sections C – F to be Completed by Home

SECTION C: Attempts to Contact Family/Residents

Date	Time	Caller's Initials	Name of Person Contacted	Outcome
1.				
2.				

Legend: ML = Message Left NA = No Answer B = Busy CM = Contact Made

SECTION D: Brief Summary of Discussion/Action Plan

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☐ *Satisfied* ☐ *Not Satisfied* ☐ *Follow-up Required*

SECTION E: Additional Comments

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SECTION F: Information documented in spreadsheet, uploaded in SharePoint and filed- Yes/No.

Signature of Supervisor Completing Form: _____ Date:_____

Signature of Administrator: _____ Date: _____