



Resident/Client and Family Feedback Form

Caring • Relationships • Learning • Responsibility

Resident/Client and Family Feedback

At Carewest, our philosophy of care is to provide our residents and clients with quality care in safe, comfortable and supportive environments. We strive to:

- Preserve and promote dignity through respectful, individualized approaches to care.
- Provide kind and compassionate care and service.
- Foster supportive relationships between all staff, families and communities.
- Foster an environment of learning to promote excellence in care and service.

You can help us improve our service by telling us what we're doing well and where we should be making improvements. Please use the form below.

I would like to make you aware of the following (check one box):

- Concern/Complaint** **Bouquet/Compliment** **Suggestions for Improvement**

SITE/PROGRAM: _____

Please tell us what happened, who was involved and when it took place:

Your name (please print clearly): _____

Contact Information (i.e. phone number, e-mail): _____

- Resident/Client** **Family Member** **Other**

Please return the completed form to the Client Service Manager of the unit or the site receptionist.

Thank you!

Office Use Only:

Form Tracking Number: _____

Staff member receiving feedback: When the required documentation below is completed, signed and dated, forward this form to the appropriate Manager/Director within two working days.

Signature: _____ **Date:** _____

Manager or designate determines need for further investigation

Investigation required: _____ **Yes** _____ **No**

Findings of Investigation (if identified as yes):

Actions Taken (and completion dates):

Signature: _____ **Date:** _____

Follow-up communication with the person who initiated feedback (action/date):

Signature: _____ **Date:** _____

***Please refer to the Guidelines for Managing Feedback in your Resident/Client and Family Feedback binder for information about processing forms.**

Follow up by Director if required (this tracking form is to be documented on Excel file for quarterly reporting):

Level 1 _____ Level 2 _____ Level 3 _____

Signature: _____ **Date:** _____

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