



Carewest

INNOVATIVE HEALTH CARE

Carewest

Resident/Client and Family Feedback Form

Resident/Client and Family Feedback

At Carewest, we strive to provide services that achieve clients' satisfaction and positive outcomes that promote quality of life.

- ***We value client choice and independence.***
- ***We aim to provide an environment that supports quality improvement and customer 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 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 I** _____ **Level II** _____ **Level III** _____

Signature: _____ **Date:** _____