

FOR OFFICE USE ONLY.
PLEASE DO NOT WRITE IN THIS SPACE.

This part of the form is to be completed by a manager, director, or supervisor.

If the form was not completed by the concerned party, how was it received:

- Telephone
- E-mail
- In Person
- Written letter
- N/A, filled out by concerned party

Concerned party notified of the receipt of the concern or suggestion on:

(MUST BE WITHIN 10 BUSINESS DAYS)

Date of notification:

Time of notification:

Method of notification:

By whom: *(name and title)*

What was the response **to** the concerned party at this point in the process:

What was the response **from** the concerned party at this point in the process:

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Has a resolution been reached?

- Yes
- No

If yes, please sign and submit for filing. If not, please proceed with the form:

Concerned party notified of the progression of the solution to the concern or suggestion on:

Date of notification:

Time of notification:

Method of notification:

By whom: *(name and title)*

What was the response **to** the concerned party at this point in the process:

What was the response **from** the concerned party at this point in the process:

Has a resolution been reached?

- Yes
- No

Signature of Manager, Unit Director, or Supervisor & Date:

Signature of Departmental Director & Date:



Compliments

Suggestions

Concerns

We welcome your feedback about the quality of care and services received. We take your comments seriously, and keep them private.

By completing this form, you provide us with valuable feedback which helps us improve our services.

40 Playfair Ave.
Toronto, Ontario, M6B 2P9
Telephone: (416) 789-2113
Fax: (416) 789-5435
www.villacolombo.com

Today's Date: _____

I am a:

- Family Member
- Client or Resident
- Volunteer
- Visitor

Your name: *(optional)*

Your phone number or e-mail address:
(optional)

Complaint concerns client or resident
named:

Client program or resident room number:
(if applicable)

Your relationship to the client or resident:
(if applicable)

This is a:

- Compliment
- Suggestion
- Concern

My compliment, suggestion, or
concern is about:

- Nursing Care
- Community Services
- Medical Care
- Laundry Services
- Lost Articles/Items
- Food Services
- Housekeeping Services
- Maintenance
- Activation or Programs
- Accessibility
- Other *(please specify)*

Please provide us with some details about
the event which triggered you to fill out this
form if they apply:

Date of incident:

Time of incident:

Location of incident:

Witnesses: *(if any)*

Please describe your compliment,
suggestion, or concern:

Have you spoken to a staff member about
this?

- Yes No

If yes, who?

Please share your ideas for how we can
resolve or address your
concern: *(if applicable)*

Please deposit the completed
pamphlet in box located in front of the
reception desk at the
40 Playfair Avenue entrance.
Thank you for your feedback.