

## Please tell us

Has someone on our CapitalCare staff impressed you?

**Tell us.**

Do you have a concern about any aspect of our centre and the care we provide?

**Tell us.**

Do you have a suggestion that can help us improve our service?

**Tell us.**

We welcome your comments and will address them in a timely, courteous, and appropriate way.

Fill out the form on this sheet and drop it in the locked box outside the Administrative Office.

If you prefer to fill in the form as a PDF, you can download it from our website on our Information for Families section.

Complete the form, print and sign it, then drop off at the centre



# Resident and Family Compliments, Concerns, Requests or Suggestions

## Resident and Family Compliments, Concerns, Requests or Suggestions

Date \_\_\_\_\_ Time \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Resident\*       Family member       Friend/other

Regarding Resident \_\_\_\_\_ Room number \_\_\_\_\_

This is a     Compliment       Concern       Suggestion       Request

Describe your compliment, concern, request or suggestion

*Please give the details that apply:*

**Where** did this occur? (example: resident room, auditorium) \_\_\_\_\_

**When** did this occur?    Date \_\_\_\_\_    Time \_\_\_\_\_

**Who** were the staff involved? \_\_\_\_\_

If this is a concern, please provide as much detail as possible:

If this is a concern, what would you like to see done to resolve it?

*Anonymous concerns or concerns lodged with a request for confidentiality will be acted upon to the best of CapitalCare's ability under the constraints of the request.*

Phone	Day _____	Evening _____
Email	_____	
Name	Signature _____	

**THANK YOU FOR YOUR FEEDBACK. We will acknowledge your concern within three (3) business days.**

***Please drop this form in the locked box outside the Administrative Office at the centre.***