



Feedback Follow-Up Sheet

To be initiated upon receipt of concern/complaint

Date Received: _____

Staff member: _____

Resident's Name: _____

Veteran (Yes/No): _____

Unit: _____

Room number: _____

Person submitting feedback (if not resident): _____

Relationship to resident: _____

Phone number: _____

SDM informed (if applicable): Yes No N/A

Nature of the feedback (summary):

If this is a formal complaint, inform complainant that a copy will be forwarded to the CEO and the Ministry of Long-Term Care

Date sent to Ministry of LTC (if applicable): _____

Date sent to Veterans Affairs Canada (VAC) (if applicable): _____

Date sent to CEO (if applicable) _____

What are the expectations for follow-up?



APPENDIX C – Page 2

Results of follow-up and action plan (attach additional pages if required):

Action taken/referrals made and to whom (if related to care, document in PointClickCare):

Date(s) of follow-up with individual:

Staff perception of individual's satisfaction at end of discussion(s):

- Satisfied Not Satisfied Follow-Up Required

Recommendations to prevent further occurrences/lessons learned:

Signature: _____

Date Closed: _____