

Resident/Representative Feedback Form

To be completed by the resident, a representative of the resident, or a staff member (on behalf of resident/family).

What type of feedback are you submitting? (Please select one):

Concern	Complaint	Recommendation	Compliment
Resident's Name:		Veteran (Ye	es/No):
Unit:		Room numb	ber:
Person submitting f	feedback (if not residen	t):	
Relationship to resi	dent:		
Phone number:			
I wish to make the	e following concern/co	mplaint/recommendation/co	ompliment:
Date:		Signature:	
		ted form to supervisory staff e here to help poster" for spe	•

Appendix A – Resident Feedback Form to Complaints, Concerns, Compliments and Recommendations – February 14, 2018



Type of feedback	Where to report
Concerns	Manager / Supervisor
Verbal complaints	Manager / Supervisor
Written complaints	Manager / SupervisorPerley Rideau DirectorPerley Rideau CEOCentralized Intake Assessment Triage Team (CIATT) at the Ministry of Health and Long Term Care (MOHLTC), Performance Improvement and Compliance Branch (PICB) via Fax Veterans Affairs (for Veterans only)
Compliments	Manager / Supervisor
Recommendations	Manager / Supervisor
 Feedback of any kind related to s. 24 of the <i>Long Term Care Homes Act</i>, 2007(LTCHA): Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. Abuse of resident by anyone or neglect of a resident by the home or staff that resulted in harm or a risk of harm to the resident. Unlawful conduct that resulted in harm or a risk of harm to a resident. Misuse or misappropriation of a resident's money. Misuse or misappropriation of funding provided to the home under the LTCHA or the Local Health System Integration Act, 2006. 	Manager / Supervisor Perley Rideau Director and Perley Rideau CEO Report to the MOHLTC, PICB which includes a final report once the investigation is complete CIATT including a written report documenting the response the home made to the report to complainant.