



Long-Term Care Division
 789 Broadway Street, Box 3000
 Wyoming, ON N0N 1T0

Telephone: 519-845-0801
 Toll-free: 1-866-324-6912
 Fax: 519-845-3872

SUGGESTIONS, CONCERNS, COMPLAINTS FORM

The purpose of this form is to provide a formal mechanism for receiving, investigating and responding to the suggestions, complaints and/or concerns of residents, clients, family representatives and staff; and to improve quality of care and reduce risk.

Date: _____ Time: _____

Name: _____

Mailing Address: _____

Telephone: _____

email: _____

- Resident
- Family Representative
- Staff Other _____

- Lambton Meadowview Villa
- Marshall Gowland Manor
- North Lambton Lodge

This is a Suggestion Concern Complaint

Suggested Resolutions:

Thank you for taking the time to complete this form. Your input is appreciated.
 A response will be issued when a final resolution is reached.

Staff member receiving form: _____

Department: _____

- I wish to file a written complaint. (A1:32). Copy to General Manager, Long-Term Care Division
 (Copy will be forwarded to the Ministry of Health & Long-Term Care)

For Administration Use Plan of Action	Item Number: _____
Contacted: _____ Signed: _____ Date: _____	
Final Resolution	
Contacted: _____ Signed: _____ Date: _____	