**Kingsway Lodge**

**Resident & Family**

**Concern or Complaint Form**

**Date**: _____

**Your Status**: ☐ Family ☐ Resident ☐ Visitor

**Department related to concern or complaint**:

☐ Recreation & Activities

☐ Dietary and nutrition

☐ Housekeeping and Laundry

☐ Maintenance

☐ Nursing

☐ Allied Health (e.g., physiotherapy, social work)

☐ Medical (i.e., nurse practitioner, medical director, family physician)

☐ Office or administration

**Summary of Issue**:

_____

_____

_____

_____

_____

**Suggested solution**:

_____

_____

_____

_____

_____

**Follow-up**: Do you wish a: ☐ Telephone call ☐ Email ☐Letter ☐ Other _____

Please provide your address, phone number, email for follow-up, if required:

_____

Signature of Person completing form: _____ Date: _____

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**For Department Use Only**

Summary of Investigation:

_____

_____

_____

_____

_____

Follow-Up (include date of completion):

_____

_____

_____

_____

_____

Level of Satisfaction: _____

Signature of Administrator: _____ Date: _____

Notification to the MOLTC: _____ Date: _____