

Date: ____/____/____

Register Number:

Holy Family Services is committed to providing high quality care and services and meeting your needs. We value your feedback. Please let us know where we can improve our services.

If you have an Improvement, Compliment or Complaint about ANY issue, please fill out this form and place it in the box located at the main reception and each entrance to the facility.

This is an

Improvement

Compliment

Complaint

Verbal

Written

I am a

Resident

Family member

Representative

Staff member

Staff member on behalf of care recipient

Other: _____

Feedback:

Suggested Outcome:

Please provide your details if you would like us to contact you about your feedback.

Name: _____

Phone / email: _____

Name of Resident (if applicable): _____

Relationship to resident: _____

Communication received by: _____

Thank you for taking the time to provide feedback about our service.