

## **COMPLAINTS & FEEDBACK FORM**

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

This is a	☐ Complim	ent $\square$	Complaint	☐ Comment
l am a	☐ Custome	r 🗆	Family member	☐ Representative
	$\square$ Other: _			<del></del>
Form is for a	☐ Visitor	☐ Resident	Staff Member	
Name:				
Date:				
Time:				
Village:				
Complaint/ Feedback/ Compliment (please write over page if more space required)				
Complaint/ reed	васку сотріп	ment (piease w	rrite over page ii mor	e space required)
Context/Follow u	ip/ Resolution	1:		
Form was filled	by:			
Date form was	filled:			
Time form was	filled:			
Thank you for tal	king the time	to provide feed	lback about our servi	
You can email thi	s form to:	lisa@beautyp	ointresort.com	
You can mail this	form to:	•	Home Care Your Way, d Padstow Heights NS\	
You can hand this	form to:	reception c/o		**

Edited: Dec 23

Our Privacy and Complaints Officer is Lisa Papahristos.