

Please tell us

Has someone on our CapitalCare staff impressed you?

Tell us.

Do you have a concern about any aspect of our centre and the care we provide?

Tell us.

Do you have a suggestion that can help us improve our service?

Tell us.

We welcome your comments and will address them in a timely, courteous, and appropriate way.

Fill out the form on this sheet and drop it in the locked box outside the Administrative Office.

If you prefer to fill in the form as a Word document, you can download it from our web site on our Information for Families section.

Complete the form, print and sign it, then drop off at the centre



Resident and Family Compliments, Concerns, Requests or Suggestions

Resident and Family Compliments, Concerns, Requests or Suggestions

Date _____ Time _____

Name of person completing this form _____

Resident* Family member Friend/other

Regarding Resident _____ Room number _____

This is a Compliment Concern Suggestion Request

Describe your compliment, concern, request or suggestion

Please give the details that apply:

Where did this occur? (example: resident room, auditorium) _____

When did this occur? Date _____ Time _____

Who were the staff involved? _____

If this is a concern, please provide as much detail as possible:

If this is a concern, what would you like to see done to resolve it?

Anonymous concerns or concerns lodged with a request for confidentiality will be received, but cannot be investigated. These concerns will be acted upon to the best of CapitalCare's ability under the constraints of the request.

Phone Day _____ Evening _____

Email _____

Name _____ Signature _____

THANK YOU FOR YOUR FEEDBACK

Please drop this form in the locked box outside the Administrative Office at the centre.

* Resident refers to Resident, Elder, Patient, Participant or Client