INTERNAL COMPLAINTS

To be forwarded directly to the R.N. or Supervisor-in-Charge of the area.

A copy may be forwarded to the Director of Nursing or Chief Executive Officer.

DETAILS OF COMPLAINT (What happened?):
Date of Occurrence: / /

RESOLUTION REQUIRED:
OUTCOME:

COMPLAINANT DETAILS (Optional):	
Name:	
Address	
Contact Phone No:	**Facsimile:**
RESIDENT INVOLVED (Optional)	
Name:	

The Homes' policy requires that the receipt of the complaint be acknowledged within 24 hours and a formal response provided within seven (7) days. We also request feedback on our Complaint Management Process once a complaint has been finalised..

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