



COMPLIMENTS, COMPLAINTS & IMPROVEMENT FORM (CCIF)

DATE:

- COMPLIMENT COMPLAINT SUGGESTION / IMPROVEMENT COMMENT

DEPARTMENT (MARK AS MANY AS APPLICABLE)

- LODGE MANOR VILLAGE NURSE'S
 CATERING MAINTENANCE / BUILDING CLEANING / LAUNDRY UNSURE

PERSONAL DETAILS:

RESIDENT NAME: SUITE NUMBER:

- RELATIVE VISITOR CONTRACTOR VOLUNTEER

NAME:

ADDRESS:

TELEPHONE: MOBILE:

EMAIL:

- STAFF

STAFF NAME: WORK LOCATION:

EMAIL:

YOUR COMMENTS:

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WHAT WOULD YOU LIKE TO SEE OCCUR AS A RESULT?

- APOLOGY EXPLANATION CHANGE IN POLICY / PROCEDURE CHANGE IN ENVIRONMENT
 NOT SURE

OFFICE USE ONLY

Form number:

SERVICE AREA:

- M = Management
- PC = Personal Care
- C = Catering
- LS = Lifestyle
- O = OHS
- B = Building & Maintenance
- L = Laundry
- E = Equipment
- FE = Fire & Emergency
- HR = Human Resources
- CL = Cleaning

RISK SCORING:

Risk to Multiple Residents

Risk To Organisation	LOW	MEDIUM	HIGH
LOW			
MEDIUM			
HIGH			

DIRECTED TO :

- DIRECTOR OF NURSING
- NATIONWIDE SUPERVISOR
- HR MANAGER
- BUSINESS MANAGER
- LODGE CLINICAL CARE COORDINATOR
- CATERCARE MANAGER
- INFRASTRUCTURE MANAGER
- GENERAL MANAGER
- MANOR MANAGER
- VN TEAM LEADER
- GENERAL SERVICES MANAGER
- OTHER