

FORM NUMBER: .....



# 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**

**SERVICE AREA:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> M = Management     | <input type="checkbox"/> O = OHS                    | <input type="checkbox"/> FE = Fire & Emergency |
| <input type="checkbox"/> PC = Personal Care | <input type="checkbox"/> B = Building & Maintenance | <input type="checkbox"/> HR = Human Resources  |
| <input type="checkbox"/> C = Catering       | <input type="checkbox"/> L = Laundry                | <input type="checkbox"/> CL = Cleaning         |
| <input type="checkbox"/> LS = Lifestyle     | <input type="checkbox"/> E = Equipment              |  |

**DIRECTED TO :**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> DIRECTOR OF NURSING   | <input type="checkbox"/> LODGE CLINICAL CARE COORDINATOR | <input type="checkbox"/> MANOR MANAGER            |
| <input type="checkbox"/> NATIONWIDE SUPERVISOR | <input type="checkbox"/> CATERCARE MANAGER               | <input type="checkbox"/> VN TEAM LEADER           |
| <input type="checkbox"/> HR MANAGER            | <input type="checkbox"/> INFRASTRUCTURE MANAGER          | <input type="checkbox"/> GENERAL SERVICES MANAGER |
| <input type="checkbox"/> EXECUTIVE MANAGER     | <input type="checkbox"/> GENERAL MANAGER                 | <input type="checkbox"/> OTHER                    |