**COMPLIMENT/CONCERN FORM**

**INTAKE OF:** [ ]  **COMPLIMENT** [ ]  **CONCERN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***[ ]***  | ***Mail*** | ***[ ]***  | ***Email*** | ***Compliment/******Concern ID#*** |  |
| ***[ ]***  | ***Phone*** | ***[ ]***  | ***In person*** | ***Assigned by Data Entry Person*** |

**SOURCE OF COMPLIMENT/CONCERN**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | No contact information provided | Contacts Name: |  |
| [ ]   | Patient/resident/client | Phone (Day): |  |
| [ ]   | Family/friend *relationship* | Phone (Other): |  |
| [ ]   | Visitor | Email address: |  |
| [ ]   | MB Health | Mailing address: |  |
| [ ]   | Other *specify* |  |  |
| ***NOTE: \*If not client, consent must be obtained from the individual the information is about PRIOR to sharing personal health information*** |

**OTHER CONTACT MADE: [ ]  Yes [ ]  No [ ]  Unknown**

Did the person contact others regarding compliment/concern? If yes, please specify:

|  |
| --- |
|  |
| ***Note: If the individual has contacted the media regarding a concern or indicates legal action, initiate a Safety Event Report and notify the Regional Patient Safety Coordinator immediately. These types of events maybe considered a Critical Occurrence (CO) &/or may prompt a review to determine if a Critical Incident (CI) may have occurred.*** |

**COMPLIMENT/CONCERN DETAILS**

**NATURE OF COMPLIMENT/CONCERN (indicate facts, reaction/expectations)**

|  |
| --- |
|  |
| **RECEIVED & DOCUMENTED BY:** |
| Name |  |  |
| Position |  |
| Date Received |  | *Signature* |

**COMPLIMENT/CONCERN forwarded to**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* |  | *Position/Title* |

**COMPLIMENTS ARE to be SHARED WITH STAFF & as deemed applicable connect with the Communications Department for a submission to the Staff Communiqué (Staff newsletter). Individual compliments can be added to staff personnel files.**

**Acknowledgement/ Contact & consent to share Personal Health Information as deemed applicable**

|  |  |
| --- | --- |
| **Acknowledgement/Contact** | \* **Consent to Share Personal Health Information (PHI)** |
| *[ ]*  | Mail |  |

|  |  |  |
| --- | --- | --- |
| [ ]  | N/A |  |
| [ ]  | Verbal |
| [ ]  | Written | Name of person who granted consent |
| [ ]  | \* Complete the *Consent to Disclose Personal Health Information Form* |

 |
| [ ]  | Email\* | Acknowledgement/contact by: |  |
| [ ]  | Phone |  |  |
| [ ]  | In person | Date DD/MM/YYYY |  |
| \*If a person has emailed personal health information (PHI) to you, do not reply to the email. Begin a new email to acknowledge the receipt of the compliment/concern. Follow the supporting guideline on *“Emailing Confidential Information”* ORG.1411.SG.001 for ongoing communication. When reviewing and discussing PHI with an individual other than the patient/resident/client, consent must be first obtained from the patient/resident/client and documented on the *“Consent to Disclose Personal Health Information Form”* ORG.1411.PL.502. |

**FOR CONCERNS ONLY:**

|  |
| --- |
| **Findings** |
|  |
| **Action/Steps Taken** |
|  |
| **Review Completed By** |
| Name |  |  |
| Position |  |
| Date Review Completed |  | Signature |

**RESOLUTION/FINAL RESPONSE**

|  |  |
| --- | --- |
| **Resolution** | **Method** |
| [ ]  | Resolved [ ]  Unresolved [ ]  N/A |

|  |  |
| --- | --- |
| [ ]  | Mail [ ]  Email\* [ ]  Phone [ ]  In person |

 |
| **Attach a copy of any written correspondence sent to the client to this form.** |

**CATEGORY of COMPLIMENT/CONCERN (mark all that apply)**

|  |
| --- |
|  **TYPE of COMPLIMENT/CONCERN (mark all that apply)** |
| [ ]  **Administration**  | [ ]  **Client Care** | [ ]  **Communication** | [ ]  **Delays** | [ ]  **Environment**  | [ ]  **Other specify** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Administration** | **CLIENT CARE** | **Communication** | **Delays** | **Environment** | **Other Specify** |
| [ ]  Compliance with legislation  | [ ]  Care/care plan | [ ]  Confidentiality | [ ]  Admission | [ ]  Availability/ supplies | [ ]   |
| [ ]  Compliance with policy | [ ]  Client rights | [ ]  Cultural / racism | [ ]  Appointment/wait time | [ ]  Equipment |   |
| [ ]  Costs/charges | [ ]  Competence of provider | [ ]  Inaccurate | [ ]  Medical record access | [ ]  Personal laundry |  |
| [ ]  Interim placement | [ ]  Coordination discharge | [ ]  Insufficient | [ ]  Medical record release | [ ]  Noise |  |
| [ ]  Missing personal property | [ ]  Falls/injury | [ ]  Inappropriate (rude) | [ ]  Procedures/treatment | [ ]  Nutrition |  |
| [ ]  Panel process | [ ]  Follow-up care | [ ]  Unable to obtain | [ ]  Surgery | [ ]  Parking |  |
| [ ]  Trust account | [ ]  Medication-related | [ ]  Verbal abuse | [ ]  Tests/results | [ ]  Room/accommodations |  |
|  | [ ]  Physical abuse/ aggression |  |  | [ ]  Scent-free |  |
|  | [ ]  Transfer of care |  |  | [ ]  Smoking |  |
|  |  |  |  | [ ]  TV/telephone |  |

|  |
| --- |
| **COMMUNITY & PROGRAM** |
| **COMMUNITY** Community location of concern Facility or community affected by this complaint |
| **ALTONA** | **CRYSTAL CITY** | **MACGREGOR** | **NOTRE DAME DE LOURDES** | **ST. ADOLPHE** | **SANFORD** |
| [ ] Community[ ] Eastview Place[ ] Hospital | [ ] Rock Lake Community[ ] Rock Lake Hospital[ ] Rock Lake PCH[ ] Prairie View Lodge | [ ] Community[ ] Health Centre | [ ] Community[ ] Hospital[ ] Foyer Notre Dame | [ ] Community | [ ] Community |
|  | **STARBUCK** |
|  | [ ] Community |
| **CARMAN** | **GLADSTONE** | **MORDEN/WINKLER** | **PEMBINA-MANITOU** | **ST. CLAUDE** | **STEINBACH** |
| [ ] Community[ ] Memorial Hospital[ ] Boyne Valley Lodge | [ ] Community[ ] Health Centre[ ] Third Crossing Manor | [ ] Community[ ] BTHC[ ] Eden Mental Health Centre[ ] Salem Home Inc.[ ] Tabor Home Inc. | [ ] Community[ ] Health centre | [ ] Community[ ] Health Centre | [ ] Community[ ] BRHC[ ] Bethesda Place[ ] Rest Haven Nursing Home |
| **ST. JEAN** |
| [ ] Community |
| **CARTIER / ELIE** | **GRUNTHAL** | **MORRIS** | **PORTAGE LA PRAIRIE** | **ST. PIERRE** | **SWAN LAKE** |
| [ ] Community | [ ] Community[ ] Menno Home for the Aged | [ ] Community[ ] General Hospital[ ] Red River Valley Lodge | [ ] Community[ ] PDGH[ ] Douglas Campbell Lodge[ ] Lions Prairie Manor | [ ] Community[ ] District Health Centre[ ] Repos Jolys | [ ] Community[ ] Lorne Memorial Hospital |
| **EMERSON** | **MACDONALD** | **NIVERVILLE** | **ROSENORT** | **STE. ANNE** | **VITA** |
| [ ] Community[ ] Health Centre | [ ] Community | [ ] Community[ ] Heritage Life PCH | [ ] Community | [ ] Community[ ] Hospital[ ] Villa Youville | [ ] Community[ ] Health Centre [ ] Vita & District PCH |
| **PROGRAM** Service related to this complaint Facility or community affected by this complaint |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Acute** | **Community Programs** | **Long Term Care** | **Support Services** |
| [ ] Ambulatory Care Clinic (Outpatient services) | [ ] Emergency Response Services | [ ] Personal Care Home | [ ] Environmental Services (Housekeeping, Laundry) |
| [ ] Cancer Care Services | [ ] Home Care | [ ] Transitional Care Centre | [ ] Health Information Services |
| [ ] Dialysis | [ ] Medical Clinics |  | [ ] Privacy & Access |
| [ ] Emergency Room | [ ] Mental Health & Addictions | **Regional Administration** | [ ] Logistics & Supply Chain |
| [ ] Medical Device Reprocessing  | [ ] Palliative Care | [ ] Office | [ ] Nutrition & Food Services |
| [ ] Medical Unit | [ ] Primary Care | **Rehabilitation Services** | [ ] Physical Plant (Maintenance) |
| [ ] Obstetrics | [ ] Public Health-Healthy Living | [ ] Audiology | [ ] Info.Communication/Technology |
| [ ] Operating Room |  | [ ] Occupational Therapy | **Pharmacy** |
| [ ] PACU/Same Day Surgery (Peri-operative unit) | **Diagnostic Services** | [ ] Physiotherapy | [ ] Pharmacy | [ ] LTC Pharmacy |
| [ ] Surgical Unit | [ ] Imaging (CT, X-ray etc.) | [ ] Rehab Unit | **Other Program/Department** |
| [ ] Special Care Unit/ICU | [ ] Laboratory | [ ] Speech Language Pathology | [ ] Other (Specify Location) |

 |

 **Data Entry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Name of Data Entry Person – initial entry into database |  |  |  |
|  |  | Name of data entry person |  | Date DD/MM/YYYY |
| [ ]  | Name of Data Entry Person – final entry into database |  |  |  |