**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 |  |  |  |