



# RESIDENT CONCERN FORM

Reported By: \_\_\_\_\_ On Behalf of: \_\_\_\_\_

Date Reported: \_\_\_\_\_

FLTCA (2021) Immediately forward to the Director **any written complaint** that it receives concerning the care of a resident or the operation of a long-term care home – if unsure, please speak to the Administrator or the Nursing On-Call Leader

**Description of Concern:**

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Reported To: \_\_\_\_\_

If documenting in PCC, please attach electronic documentation to this paper record

**BELOW TO BE COMPLETED BY CHARGE NURSE or MANAGER depending on who receives the concern:**

**Investigation Notes:** Use additional sheets as needed

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**Action Taken:** Use additional sheets as needed

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**By:** \_\_\_\_\_ **Date of Action:** \_\_\_\_\_

**Response back to Complainant WITHIN 10 Days** – Document response from Complainant to outcome of concern following conversation

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Date Concern Resolved: \_\_\_\_\_

Date Concern submitted to Administrator: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_