



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:

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

Action Taken: Use additional sheets as needed

By: _____ **Date of Action:** _____

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

Date Concern Resolved: _____

Date Concern submitted to Administrator: _____

Signature of Administrator: _____