

FACILITY FEEDBACK FORM

Facility Name: _____

Contact Info: Name: _____

Address: _____

Phone: _____

Relationship(resident/employee) _____

1. Is this a: ☐ Complaint ☐ Recommendation ☐ Comment

2. Have you discussed this with the facility Administrator/Director? ☐ Yes ☐ No

a. If yes, what was the outcome of that discussion?

b. If no, is there a particular reason the facility Administrator/Director was not contacted? ☐ Yes ☐ No

c. If so, what was the reason?

3. What is the complaint, recommendation, or comment that you wish to express?

4. Has the complaint, recommendation, or comment come up before? ☐ Yes ☐ No

a. If so, how was it handled?

5. What do you feel needs to be done to resolve your complaint, recommendation, or comment?

Please submit this form to: _____

(Insert preferred contact)