

CHSLD WEST ISLAND MANOR COMPLAINT FORM

Today's Date : _____ Incident date : _____
(if any)

IDENTIFICATION OF RESIDENT

Name : _____ Room # : _____

IDENTIFICATION OF PERSON PRESENTING THE COMPLAINT

Name : _____ Telephone : _____

Address: _____ Provenance : _____

_____ Postal code: _____

COMPLAINT :

EXPECTED ACTION :

Residents signature : _____ Complainers signature : _____