DEMENTIA CARE NZ

CONCERNS/COMPLAINTS FORM

. Complainant details:				
tle (Mr, Mrs, etc) Family name (surname)	Preferred Name			
treet address	Suburb			
incer address	Postcode			
ity				
•				
Home telephone number Business telephone number	Mobile telephone number			
mail address (if applicable)				
Enduring Power of Attorney details: (Complaints related to Resident's Welfare and Property will be ad-	Idressed with the EPOA)			
itle (Mr, Mrs, etc) Family name (surname)	Preferred Name			
treet address	Suburb			
ity	Postcode			
lome telephone number Business telephone number	Mobile telephone number			
mail address (if applicable)	\neg			
3. Resident details				
IHI Family name (surname)	Preferred Name			
acility	Home Room number			
Batalla af the consulator				
l. Details of the complaint	and a official the quality of care you are your family			
	sely affect the quality of care you or your family ou require assistance to complete this form, an			
	lking with the Manager or Registered Nurse.			
Details of what happened				
Details of what happened				

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Complaint received by		Title/role	Date received	in person
Risk Level (High, Med, Low)	Complaints-ID Number:	QI Log Numbers	J	Initial Letter sent
				/ /
Agreed Issues to Resolve:				
Investigation Plan:				
Time Line:				
Findings/Outcomes:				
g				
Lead Investigator	Title/role	Date completed Final L	_etter Sent Follow	-up Call