

APPENDIX 5: *REVIEW OF COMPLAINTS FORMS*

List all complaints that occurred in the last year.

initials of persons involved	reason for complaint	staff person(s) involved	facility / location involved

ANALYSIS OF COMPLAINTS

Are there any patterns apparent in the review above with regards to the types of complaints, the staff person(s) involved, or the location? If yes, please describe.

FOLLOW-UP ON LAST YEAR'S PLAN

List the actions identified in last year's plan and note any follow-up required.

actions	completed (yes / no)?	results	follow-up required

ACTION PLAN FOR COMING YEAR

Describe the actions to be taken in the following year to address any patterns or trends identified in the analysis, including any required training or policy / procedure changes.

action	person(s) responsible	timeline for completion