Labrador-Grenfell
Health

Client and/or Visitor Complaint or Compliment

Name:_____ Date:_____

Address:_____

Telephone Number:_____ Clinical Record #: _____
(if applicable)

Details of Complaint/Compliment:

_____

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_____

Signature: _____

Reported to: _____ Department: _____

LG Health #: A-1-30-1
Revised: August 2007