



Complaint or Compliment Form

Labrador-Grenfell Health encourages patients/residents to direct complaints/compliments to the manager/supervisor directly responsible for that service area/department. Most complaints/compliments may be resolved promptly and informally by speaking directly to the manager at the location where you received care or accessed a service. If you choose to file a formal submission, please complete this form, forward a written letter or email Client Relations.

Date _____

Patient's/Resident's first Name _____ Last Name _____

Mailing Address: _____ Community _____

Province _____ Postal Code _____ Tele. # _____ Cellphone # _____

The patient/resident and the submitter is the same person: **Yes** **No** If no, please, provide your name and telephone number:

Name _____ Tele. # _____

Method of Complaint: Verbal Written Email

Facility Location _____ Department _____

Details of Complaint or Compliment

For Internal Use Only:

Client Satisfied with Outcome: **Yes** **No**
