



OFFICE USE ONLY

Date Logged: _____

Log #: _____

SECTION A: to be completed by the person reporting an issue

Date:		Service Area:			
This issue is a:	<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion/Concern	<input type="checkbox"/> Hazard	<input type="checkbox"/> Compliment	
Source:	<input type="checkbox"/> Staff	<input type="checkbox"/> Resident/Rep	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor	
	<input type="checkbox"/> Meeting	<input type="checkbox"/> Observation	<input type="checkbox"/> Audit	<input type="checkbox"/> Other	
Description of Issue or concern being reported:					
How do you suggest we could improve this issue?					
Name:			Contact details:		



SECTION B: to be completed by the person immediately responding to the Improvement Form

Immediate action taken to resolve issue and prevent recurrence:

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Name:	Signature:	Date actioned:
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SECTION C: to be completed by Management

Follow up required/preventative action taken

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Document feedback provided to the person raising the Improvement form.

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Name:	Signature:	Date actioned:
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Result of Action taken: (outcome)

Document if the issue is longer term and needs to be transferred to the Plan for Continuous Improvement

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Name:	Signature:	Date:
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