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|  | **(Name of RCHD)** |
|  |  |
| **Complaint Record** |

|  |  |  |
| --- | --- | --- |
| **Date of complaint** | **Time** | **Place** |
|  |  |  |
|  |  |  |
| **Name of complainant** | **Identity of complainant** | **Correspondence address and/or telephone no.**  |
|  | [ ] Resident　[ ] Family member　[ ] Staff |  |
|  | [ ] Others (please specify) |  |  |  |
|  |  |  |
| **Form of complaint** | [ ] Verbal　　[ ] By telephone　　[ ] By letter/email |  |
| [ ] Others (please specify) |  |  |
|  |  |
| **Complaint items** | [ ] Fee charging | [ ] Administrative management | [ ] Environmental hygiene |
| [ ] Arrangement of services/activities | [ ] Staff attitude | [ ] Furniture and equipment |
| [ ] Quality of meal | [ ] Nursing service |  |
| [ ] Others (please specify) |  |  |
|  |  |
| **Details of complaint** |  |
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| **Handling of complaint and result of investigation** |  |
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| **Follow-up actions and/or enhancement measures** |  |
| Reply to complainant: | [ ] Yes (date |  | ) | [ ] No (reason |  | ) |
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|  |
| **Signature of staff responsible** | **Name and post of staff responsible** | **Date** |
|  |  |  |
| **Signature of operator/home manager** | **Name of operator/home manager** | **Date** |
|  |  |  |