|  |  |
| --- | --- |
|  | **(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** | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Handling of complaint and result of investigation** | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Follow-up actions and/or enhancement measures** | | | | | | | | | | | | | | | | | | | |  |
| Reply to complainant: | | | | Yes (date | |  | | | | | | ) | No (reason | | | | |  | | ) |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Signature of staff responsible** | | | | | | | | **Name and post of staff responsible** | | | | | | | | | | | **Date** | |
|  | | | | | | | |  | | | | | | | | | | |  | |
| **Signature of operator/home manager** | | | | | | | | **Name of operator/home manager** | | | | | | | | | | | **Date** | |
|  | | | | | | | |  | | | | | | | | | | |  | |