Feedback Form

We value your opinion and welcome your feedback. Please complete this form and return it to the nurse on duty or Clinical Coordinator or pop it in the Suggestion Box.

FAIR HAVEN
FREE REFORMED RETIREMENT VILLAGE

Name (optional): _____

☐Resident ☐Relative ☐Staff on behalf of _____ ☐Staff ☐Visitor

Feedback: _____
_____
_____
_____
_____
_____

Any actions already taken by you, staff members, or others at Fair Haven: _____
_____
_____
_____

Your suggestions for how the issue can be (further) resolved or improved: _____
_____
_____
_____
_____

Thank you for providing your feedback.
Completing this form will assist us to continue to improve our services.

For office use only:

Date received: _____ Area Manager responsible: _____

Priority: ☐Reportable ☐High ☐Medium ☐Low	
ACTION PLAN	Date completed
Initial Action:	
Further Actions:	
Comments/Evaluation:	

Date reviewed by Operations Manager: _____ Signed: _____