



Resident Feedback Form

Thank you for taking the time to provide us with feedback.	If any allegations are included, please give this form to an appropriate staff member so that they can communicate it through our reporting line. Allegations are taken seriously and need to be addressed quickly.
Communicated by: _____	
Resident/Patient Name if different: _____	
Resident/Patient <input type="radio"/> Family/RP <input type="radio"/> Visitor <input type="radio"/> Employee <input type="radio"/> Other <input type="radio"/>	
Person receiving feedback, date, and time:	
Summary of feedback:	
Employee/s assigned to follow up within 72 hours on weekend, 24-48 during week if applicable:	
Results- Include actions and follow ups:	

CONFIDENTIAL: This document has been prepared for review and evaluation by the Quality Assurance and Performance Improvement Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state and federal law.

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Resolved/Completed:	Yes <input type="radio"/> No <input type="radio"/>
Describe:	
Follow up provided to:	Date:
Resident/Patient <input type="radio"/> Family/RP <input type="radio"/> Visitor <input type="radio"/> Employee <input type="radio"/> Other <input type="radio"/>	
How was follow up provided? In Person <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Mail <input type="radio"/> Other <input type="radio"/>	
Were they satisfied with the resolution/follow up/feedback:	
_____ Signature of Employee closing this report & Title	_____ Date