

North West Residential Support Services Inc.
Policies & Procedures
COMPLIMENT – COMPLAINT - RISK OBSERVATION REPORT FORM

Number: <1>
Effective From: <January> <2015>
Replaces: <#>
Review: NWRSS Board
Contact: Neal Rodwell, General Manager
Review Date: <January> <2017>

Date:

Name:

Address:

Phone & Email

Sent by: Verbal/Phone/Letter/Other:

Compliment/Complaint/Risk Observation details:

Name:

Signature:

Position:

How was the compliment/complaint/risk observation dealt with and resolved?
(Office use only)

Name:

Signature:

Position: