

## FEEDBACK FORM

*This form is to be utilized for both internal and external patient/public feedback. If required, please provide assistance while completing the form.*

Page 1 of 2

### SECTION (I)

*Section (I) to be completed by originator of feedback.*

<b>Date/Time of Feedback</b>	(dd/mm/yy)	(hh/mm)	<b>RiskPro File Number:</b> <i>To be completed by facility.</i>
<b>Date/Time Report Completed</b>	(dd/mm/yy)	(hh/mm)	<b>Date Entered in Risk Pro:</b> <i>To be completed by facility.</i>
<b>Reported to:</b> (name & title)			
<b>Originator of Feedback Contact Information</b> (Name/Email Address/Telephone Number/Mailing Address and best time to contact/E-mail)			
<b>Description of Feedback</b> (Who/what/when/where/why/how the individual is affected. If completing on behalf of patient, use the individual's words as much as possible)  Use additional pieces of paper, if necessary.			
<b>Who Was involved?</b> (patient/staff)			
<b>Immediate steps taken to control or reduce the harm</b>			
<input type="checkbox"/> <i>Check the box if you consent to having our appropriate staff review your file in case feedback is escalated.</i>			
<i>If you are completing this form on behalf of a client, please fill out your information in the space below.</i>			
<b>Full name and contact information</b>			
Forward completed form to the Quality and Patient Safety Lead.			
<b>Relationship to client:</b>	<b>Signature:</b>		

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Page 2 of 2

### SECTION (II)

**RiskPro File Number:**

*To be complete by facility.*

1. Outline Action Plan		Staff Resp.	Target Date
2. Outline results of follow up review of the incident.			

<b>Forward completed Sections (I) and (II) to:</b>	<ul style="list-style-type: none"> <li>○ By letter – Attention; Quality and Patient Safety Lead</li> <li>○ Sioux Lookout Meno Ya Win Health Centre, Box 909, Sioux Lookout, ON P8T 1B4</li> <li>○ Using the Feedback Form – available from any staff member or from <a href="http://www.slmhc.on.ca">www.slmhc.on.ca</a></li> <li>○ By e-mail at <a href="mailto:feedback@slmhc.on.ca">feedback@slmhc.on.ca</a></li> <li>○ By phone at (807) 737-6578</li> <li>○ By Fax at (807) 737-5284</li> <li>○ In person – to any staff member</li> </ul>
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_____ <b>Signature</b>	_____ <b>Date</b>
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\*This certification must be signed by the person reviewing the feedback.