Maison McCulloch Hospice
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Complaint Form

Maison McCulloch Hospice treats all complaints received with attention, respect and confidentiality. Our goal is to continuously improve the quality of our services. We will follow up with all complaints received.

Issued by (person who is making the complaint):
Complaint information
Nature of the complaint:
Recommendations to consider, if applicable:

****** Section to be completed internally ******

Section A: Completed where the complaint is resolved within 10 business days	
Action(s) taken to resolve the complaint	**On date**

Section B: Completed where the complaint cannot be resolved within 10 business days
A copy of this form is being provided to you as we continue to work on resolving the issues identified above. At this time, **we expect to provide you with a response by no later than (date):** _____

Name of the staff member who assisted in completing this form, if applicable:
_____

Received by ED (signature): _____
(Date): _____