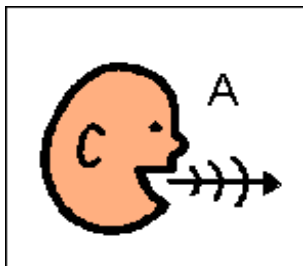


**COMPLAINTS/CONCERNS & SUGGESTIONS FORM**

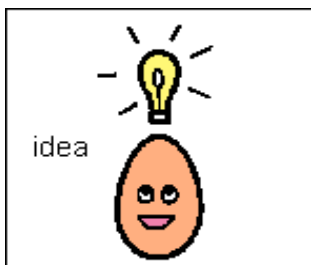
The Christie Centre Inc. is committed to providing quality services and invites your feedback.

**FROM (Name):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

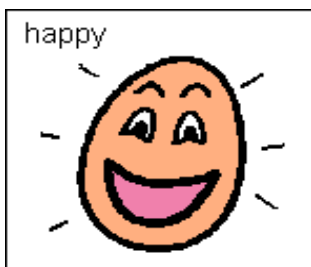
**GIVEN TO:** \_\_\_\_\_



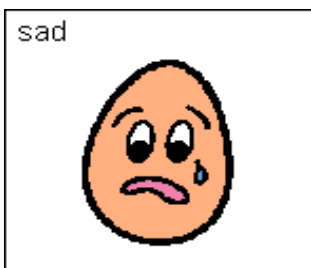
**"I need to tell you"**



**"I've got an idea"**



**"I'm happy with..."**



**"I'm not happy with..."**

**WHAT CAN WE DO?**

**COMPLAINTS/CONCERNS & SUGGESTIONS FORM**

<b>FOR OFFICE USE ONLY</b>			
(Ref. No. will be issued by Quality Department)		<b>Ref. No.:</b>	
<b>Date received by the Christie Centre Inc.:</b>			
<b>Responded to by:</b>			
<b>Follow-Up Actions (What happened? What can we do?):</b>			
IDENTIFY CONTRIBUTING FACTORS:			
<input type="checkbox"/> Policy/Procedure	<input type="checkbox"/> Training	<input type="checkbox"/> Finance/Costs	<input type="checkbox"/> Process
<input type="checkbox"/> Human Error	<input type="checkbox"/> Resources	<input type="checkbox"/> Plant & Equipment	<input type="checkbox"/> Communication
<input type="checkbox"/> Other (detail): _____			
COMMENTS:			
<input type="checkbox"/> Report forwarded to Quality Department to include on to the Customer Satisfaction Register		Date:	
<b>Manager/Team Leaders Response:</b>			
<input type="checkbox"/> Prompt for 'action due date'. (ie. set in Outlook Calendar)			
<b>Feedback for Closure:</b>	<input type="checkbox"/> Verbal	<input type="checkbox"/> Letter	<input type="checkbox"/> Meeting
	<input type="checkbox"/> Other (detail): _____		<input type="checkbox"/> Email
<input type="checkbox"/> Report finalised/updated and forwarded to Quality Department			
<b>Date action completed:</b>		<b>Signed:</b>	
<b>Date received by Quality Department:</b>		<b>Signed:</b>	
<b>ACR Tool Complete:</b>	<input type="checkbox"/> Data entered onto ACR Tool Register <input type="checkbox"/> Customer Satisfaction Register Updated Ref. No. _____		

*Individuals 'Notes' to be updated (where applicable)*