



CONTINUING CARE
CLIENT/RESIDENT FEEDBACK REPORT

To be completed by a client/resident or, a family member, legal advocate or informal support on behalf of a client/resident. This report may also be completed by a Continuing Care (CC) employee on behalf of a resident/client/family member who has provided verbal feedback. If you have an urgent concern that requires immediate attention, phone 911.

Information contained in this form is collected, used and disclosed in accordance with Yukon’s *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services’ information practices may be viewed at yukon.ca/healthprivacy or by contacting the department’s Privacy Officer healthprivacy@gov.yk.ca.

PART A – Who is reporting this feedback?

My name is: _____	Date YYYY/MM/DD
OR <input type="checkbox"/> I would like to submit my feedback anonymously (Note: there may be some limits to Continuing Care’s response if it is not possible to follow up regarding the feedback submitted).	

I am reporting this feedback (check one):

On behalf of myself

On behalf of a family member who resides in a long-term care home or receives Home Care

As a Continuing Care employee on behalf of a resident/client

Location (check one):

<input type="checkbox"/> Home Care – Whitehorse	<input type="checkbox"/> Alexandre McDonald Lodge	<input type="checkbox"/> Thomson Centre
<input type="checkbox"/> Home Care – Rural	<input type="checkbox"/> Copper Ridge Place	<input type="checkbox"/> Whistle Bend Place

PART B – Feedback summary

I am reporting a (check one): Compliment Complaint Suggestion

Provide some details about your feedback. Include the date and location of the incident. Include the names of any staff (if known and applicable).

PART C – Follow up

Would you like to be contacted by a manager/supervisor?

No

Yes. Please communicate with me (check all that apply):

In person/verbally (provide the best phone number and time of day to reach you):

In writing (provide your email or mailing address):

Please note that email is not a secure medium and the privacy of your information cannot be ensured. In providing your email address, you hereby accept and understand the inherent risk of transmitting your personal health information through an unsecured medium.

Continuing Care values your perspective. Your feedback contributes to the value and quality of the services provided by Continuing Care. If you have asked us to contact you, you can expect to be contacted within five business days.

PART D – Review with contributor (Complete only if you are submitting feedback on behalf of a resident/client)

Contributor has reviewed this summary, and agrees that it accurately reflects their verbal feedback

Contributor's signature: _____

You can submit this form in person to:

- Any Continuing Care employee, during their regular workday.
- Any Continuing Care building, including Home Care offices, long-term care homes or the Continuing Care building at 109 Copper Rd, Whitehorse and #202-4103 4th Avenue, Whitehorse.

You can fax this form to:

- 867-393-6953, Attn: Manager, Quality & Risk

You can email this form to:

- hss-cc-ContinuingCareFeedback-email@yukon.ca

You can phone to provide your feedback directly to a supervisor or manager (leave a message if calling after hours):

- Copper Ridge Place: 393-7500
- Alexandre McDonald Lodge: 993-7704
- Thomson Centre: 393-8625
- Whistle Bend Place: 667-9300
- Home Care: 667-5774 (during business hours only)