

What would you like to see as a resolution? For example, an apology, additional information, change to a policy, etc.

Please deposit your completed form in the box across from the long-term care elevators on the Main Floor in the link or email your completed form to **communications@copernicuslodge.com**.

You may also mail your completed form to:

Att: Communications
Copernicus Lodge
66 Roncessvalles Ave.
Toronto, ON
M6R 3A7

We will respond to your complaint, compliment, concern or suggestion within 10 business days.

Thank you for your feedback.

OUR MISSION

Copernicus Lodge is dedicated to providing the highest quality of care & services to our aging community that offers a holistic and resident-focused approach.

OUR VISION

Copernicus Lodge is the leading care provider & home of choice in the Community we serve.

OUR VALUES

Compassion, Respect & Dignity, Integrity, Excellence & Collaboration



Copernicus
A place to call home



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Long-Term Care Feedback Form

WE WELCOME YOUR FEEDBACK ABOUT THE QUALITY OF CARE AND SERVICES RECEIVED.

COMPLIMENTS COMPLAINTS CONCERNS SUGGESTIONS

YOUR FEEDBACK IS CONFIDENTIAL

BY COMPLETING THIS FORM YOU PROVIDE US WITH VALUABLE FEEDBACK WHICH WILL HELP US IMPROVE OUR SERVICES.

66 RONCESSVALLES AVE.
TORONTO, ONTARIO
M6R 3A7
TEL: 416-536-7122
FAX: 416-536-8242
COMMUNICATIONS@COPERNICUSLODGE.COM

Your Feedback Is Important to us.

Today's Date: _____

I am a:

- Family Member
- Client or Resident
- Volunteer
- Visitor

Your Name (optional):

Phone number:

Email:

This is a:

- Compliment
- Complaint
- Suggestion
- Concern

Name of the resident this compliment, complaint, suggestion or concern applies to (if applicable):

Resident room number:

Your relationship to the resident (if applicable):

My compliment, complaint, concern or suggestion is about:

- | | |
|--|--|
| <input type="checkbox"/> Nursing Care | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Laundry Service | <input type="checkbox"/> Services |
| <input type="checkbox"/> Lost Items | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Other: | <input type="checkbox"/> |
- _____

Please describe the event that prompted you to complete this form. Tell us what happened; who was involved; when and where it happened. Feel free to continue using additional pages.

Description of event continued...

Have you spoken to a staff member about this? Yes No

If yes, who did you speak to?

What was their response?



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