

Lanark Lodge  
Quality Action Response (QAR) Form

\_\_\_\_\_

Date/Time Complaint Received

\_\_\_\_\_

Name and Position of Staff  
Receiving Complaint

**How Complaint was received:**

- In Person                       E-Mail  
 Written Letter                   Telephone

**Complaint Received From (Name and Telephone #):**

\_\_\_\_\_

Family Name and/or Name of Resident

\_\_\_\_\_

Room #

\_\_\_\_\_

Telephone #

**Issue/Concern/Suggestion:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Taken:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your perception of the Level of Satisfaction of the Originator of the Concern/Complaint/Suggestion:**

- Satisfied  
 Not Satisfied

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**Administration ONLY (follow-up where required):**

Client Not Satisfied: Assigned to \_\_\_\_\_ Date \_\_\_\_\_  
*Follow-up Contact with Resident/Family after lodging of complaint (to occur within 2 business days)*

**Follow-up Action Taken** *(to be completed within 10 business days):*

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**Final Resolution:**

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*ONCE COMPLETED FORWARD TO DIRECTOR OF LANARK LODGE for filing*

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Lanark Lodge

\_\_\_\_\_  
Date

*\*Attach sheet if additional space is required\**