SIOUX LOOKOUT
Meno Ya Win
HEALTH CENTRE

FEEDBACK FORM

This form is to be utilized for both internal and external patient/public feedback.
If required, please provide assistance while completing the form.

SECTION (I) ***Section (I) to be completed by originator of feedback.***

Date/Time of Feedback	(dd/mm/yy)	(hh/mm)	**Feedback No:** *To be completed by facility.*
Date/Time Report Completed	(dd/mm/yy)	(hh/mm)	**Date Entered in Risk Pro:** *To be completed by facility.*
Reported to: (name & title)			
Originator of Feedback Contact Information (Name/Address/Telephone #/Best Time to Reach/E-mail Address)			
Description of Feedback (Who/what/when/where/why/how the individual is affected. Use the individual's words as much as possible) **Privacy Related**: In own words what transpired, including what and how much personal health information was affected; the circumstances surrounding the breach/event, date & time of occurrence. Take an inventory of Personal Health Information involved: type, information contained, location, backup copies, security, retention, notes. **Use additional pieces of paper, if necessary.**			
Who Was involved (patient/staff)			
Immediate steps taken to control or reduce the harm			

If you are completing this form on behalf of a client, please fill out your information on the space below.

Full name and contact information. _____

Forward to the Quality and Patient Safety Lead's office to enter in the incident management system.

Relationship to client: _____ **Signature:** _____

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SECTION (II)

Feedback No: *To be completed by facility.*		

1. Outline Action Plan		**Staff Resp.**	**Target Date**
2. Outline results of follow up review of the incident.			
Forward completed Sections (I) and (II) to:	❑ Quality and Patient Safety Lead • By letter – Attention; Quality and Patient Safety Lead Sioux Lookout Meno Ya Win Health Centre, Box 909, Sioux Lookout, ON P8T 1B4 • Using the Feedback Form – available from any staff member • By e-mail at feedback@slmhc.on.ca • By phone at (807) 737-6557 • By Fax at (807) 737-6271 • In person – to any staff member		

Signature		**Date**

*This certification must be signed by the person reviewing the feedback.