MUTKIN RESIDENTIAL AND COMMUNITY CARE
SERVICE IMPROVEMENT REQUEST FORM

I. Type of Request

- ○ Hazard Identified
- ○ System Failure
- ○ Infection Control Issues
- ○ Maintenance Request*

**Staff can directly log maintenance, feedback, incidents, risks, and hazards in Leecare.*

- ○ Complaint
- ○ Compliment to service or staff
- ○ Internal Audit Deficit
- ○ Other request

  Specify: _____

II. Details of Request

Please detail the issue you have identified or the request you wanted to make:

_____
_____
_____
_____
_____
_____
_____
_____

*Please use additional paper if you need to write down details of your feedback.

III. Suggested Actions

Please elaborate or enumerate actions that you would like the management to do:

_____
_____
_____
_____
_____

IV. Details of Person Requesting

Name of person requesting: _____ Date Requested: _____

- ○ I would like to remain anonymous.

Tell us how to give you feedback:

- ○ In person
- ○ Phone: _____
- ○ Emai: _____

Thank you for your feedback. It is important to us. We will endeavour to resolve the issue you have raised as early as practicable. We will inform you of the outcome of the actions taken by the management.

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V. Receipt of SIR

Date SIR received: _____
Received by: _____

VI. Actions Taken

Please detail the actions you have taken to resolve the issue identified:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

*Please use additional paper if needed

VII. Evaluation

Please evaluate the actions taken and the results of the actions:

_____
_____
_____
_____
_____
_____

VIII. Checklist

- Acknowledged SIR to the person writing
- Actions taken in reasonable time
- Feedback given to involved parties
- Evaluated results and actions
- Closed out SIR
- SIR entered in Leecare
- Discussed in meeting as appropriate

IX. Person Attending

Name of staff attending: _____
Date of closing:_____