



Record of Concern(s)

Pioneer Manor is committed to providing positive customer service that promotes good communication, respects the right of our residents and a commitment to work together to resolve all concerns in a timely and effective manner.

Please use this form to communicate your concern(s) and submit it to a registered staff person or at the reception desk during regular business hours.

This matter pertains to:

Resident Name: _____ Room Number _____

Date Reported: _____

Person submitting the concern:

Name: _____

You are a : Resident Family/Visitor/Staff/Other(please specify):_____

Telephone Number: _____

Address: _____

E-mail: _____

Details of Concern(s):

Specific to an **incident** please complete the following by providing as much detail as possible:

Date of Incident: _____ **Time of Incident:** _____ **Location:** _____

Details: _____

Thank you for bringing this matter to our attention. We will be in contact with you to discuss this matter further.

Concern received by: _____

Print Name