KRISTUS DĀRZS
LATVIAN HOME

Concern/Suggestion Form

To be completed by writer

Date: _____ **Name (optional):**_____

Nature of Concern/Suggestion

_____

_____

_____

_____

_____

_____

_____

Please return completed form to Main Office or drop in Executive Director's mail slot

To be completed by management staff

Date Received: _____ **Received by:** _____

Follow-Up Action Required:

_____

_____

Final Resolution:

_____

_____

_____

Response provided to complainant (where applicable)? **Yes** ☐

No ☐

Date Completed: _____