

# Issues/Concerns



COMPASS ELC  
Centre Based Care/HCC

## ISSUE/CONCERN

Date & Time received: \_\_\_\_\_

Received by: \_\_\_\_\_ Reported by: \_\_\_\_\_

Details (include name of person initiating concern):

Information given to person initiating concern re next steps (include date):

## RESOLUTION

Steps taken:

Outcome:

Information given to person initiating concern re outcome or next steps (include date):

## FOLLOW-UP (if immediate resolution is not possible):

Steps taken:

Outcome:

Information given to person initiating concern re outcome (include date):