

**Donwood Manor Personal Care Home**  
**QUALITY IMPROVEMENT SUGGESTION FORM**

Date: \_\_\_\_\_

What care/service do you see as an opportunity to improve?

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What would you suggest as an improvement?

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Who or what will benefit by the improvement?

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If you require a follow-up report, please complete the following:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

(If Applicable)

Phone #: \_\_\_\_\_

\*Please submit all completed forms to the CQI Coordinator

CQI Coordinator/Committee Use Only

Date Received: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Follow-up Report Due Date: \_\_\_\_\_

Feedback Completed re Follow-up Report: \_\_\_\_\_

(Date)

