

**The Salvation Army Golden West Centennial Lodge  
Issues and Concerns Management**

**Intake:**

Resident: \_\_\_\_\_ Room: \_\_\_\_\_

Person raising issue/concern and relationship to resident (if other than resident):

\_\_\_\_\_

Source:

Name/Title of person receiving the issues/concern: \_\_\_\_\_

Details of the issue/concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**Investigation Findings** (including dates of findings):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and title of Investigator: \_\_\_\_\_

Date investigation completed: \_\_\_\_\_

**Action Taken:** (Including dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person taking action: \_\_\_\_\_

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

**Strategic Direction to Mitigate Similar Occurrences:** (Ongoing action plan – policy, procedure, education, etc.)

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Signature of person responsible for strategic Direction:

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

**Resolution of issue/concern:**

Resolved: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Follow up required: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Type of follow up: \_\_\_\_\_

Date for follow up report: \_\_\_\_\_

**Communication:**

The action plan and resolution were communicated

to \_\_\_\_\_

by \_\_\_\_\_

via \_\_\_\_\_

on \_\_\_\_\_

**Closure:**

Date issue/concern and action plan discussed at management meeting:

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Sign off by Executive Director: \_\_\_\_\_

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