

Please give this completed form to the Grace switchboard operator or Cribbs receptionist, both located in the front lobby of their respective buildings or mail it to:

**Wesbury
31 N. Park Ave., Meadville, PA 16335**

You can also access this form on our web site at www.wesbury.com

**Corporate compliance hotline:
814-332-9077 - Available 24/7**

If you prefer to speak with someone personally, you may contact the following staff listed below:

Administrator, Grace Rehabilitation and Health Center
Sheila Bundy, RN, NHA
814-332-9142

Administrator, Cribbs Residential Center and Thoburn Village
Larry D. Marsteller, NHA
814-332-9520

Director, Help at Home with Wesbury
Kimberly Sippy
814-332-9580

If the person you wish to speak with is not listed above, please include their name and/or position below and you will be contacted by them.

No retaliation or threat of discipline or job loss for reporting. This applies to Wesbury employees, residents, visitors, vendors and contractors.

CONFIDENTIAL - DO NOT OPEN

Wesbury
Attention: Compliance Officer
31 N. Park Avenue
Meadville, PA 16335

Place Stamp
Here for Mail
Delivery.

**Do You
Have a
Problem,
Complaint,
Concern
or
Suggestion?**



Celebrating 100 Years!

31 North Park Avenue
Meadville, PA 16335

814-332-9000

Toll Free 1-877-937-2879



We want to hear from you!

Today's date _____

Name and telephone number of individual submitting this form (optional):

Your Name:

Telephone:

Address:

Confidentiality is always respected.
May we contact you?

_____ Yes _____ No

Preferred method:

_____ phone

_____ email _____

_____ other _____

Nature of Problem, Complaint, Concern or Suggestion:

Please be as detailed as possible, providing all significant information, including the date, location, identity of anyone involved, if known. Our experience is that most of these issues can be resolved/handled by staff or Department Heads. Please feel free to address your issues with them.

(Continued)

Have you or a member of your family complained about this previously?

_____ Yes _____ No

If yes, please state to whom the previous complaint was made, its approximate date and disposition.

What would you like to see happen to resolve this complaint?

Please know that everyone at Wesbury wants your experience here to be positive and helpful.

If we don't live up to your expectations, we can only improve if you tell us about your concerns.

Know that your complaint or suggestion will be reviewed and acted on appropriately.

Thank you!