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|  | **（殘疾人士院舍名稱）** |
| **投訴紀錄** | |

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| **投訴日期** | | | | **投訴時間** | | | | | | | | | **投訴地點** | | | |
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| **投訴人姓名** | | | **投訴人身份** | | | | | | | | | | **聯絡地址及／或電話** | | | |
|  | | | 住客　　家屬　　員工 | | | | | | | | | |  | | | |
|  | | | 其他，請註明： | | | | | |  | | |  |  | | | |
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| **投訴形式** | | 口頭　　電話　　信件／電郵 | | | | | | | | | | | | | |  |
|  | | 其他，請註明： | | | | | |  | | | | | | | |  |
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| **投訴事項** | | 收費問題　行政管理　環境衞生　服務／活動安排 | | | | | | | | | | | | | |  |
|  | | 員工態度　家具設備　膳食質素　護理服務 | | | | | | | | | | | | | |  |
|  | | 其他，請註明： | | | | | |  | | | | | | | |  |
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| **投訴內容** | | | | | | | | | | | | | | | |  |
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| **處理及調查結果：** | | | | | | | | | | | | | | | |  |
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| **跟進工作及／或改善措施** | | | | | | | | | | | | | | | |  |
| 已回覆投訴人： | | | 是（日期： | | |  | | | | ） | 否（原因： | | | |  | ） |
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| **負責處理投訴職員簽署** | | | | | **負責處理投訴職員姓名及職位** | | | | | | | | | **日期** | | |
|  | | | | |  | | | | | | | | |  | | |
| **主管／營辦人簽署** | | | | | **主管／營辦人姓名** | | | | | | | | | **日期** | | |
|  | | | | |  | | | | | | | | |  | | |