



**CHARLESTOWN
CARING GROUP
IMPROVEMENT LOG**

LOG No. 00-18

Issue & Suggestion:

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.....
.....
.....

Signature:

Date:

This section to be completed by General Manager/Operations Manager

Action taken:

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.....
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Outcome/Evaluation of action:

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.....
.....

CLOSED OUT/COMPLETE

Signature:

Designation:

Date:

Feedback to be given to Originator (person submitting this form):

Yes No

If No, what is the reason
