

## Humber River Family Health Team Patient Complaint Form

To make a complaint, please complete this form and return to staff member, physicians or mail it to the Humber River Family Health Team, 2020 Weston Rd., Toronto, ON. M9N 1X4 or click on the send button below to submit.

All complaints will be forwarded either through mail or email to the Humber River FHT Executive Director or the Humber River FHO Lead.

- Family Health Team Staff and FHO Physicians will listen to patients and take appropriate action.
- Complaints from patients will be taken seriously and will be investigated promptly.
- All complaints will be considered on their merits and there will be no victimization of a complainant.
- Ongoing care or provision of services will not be affected by the presence of a complaint.
- All complaints will be dealt with in confidence.

### 1. Complainant Contact Information:

Last Name, First Name	Mailing Address
Day time phone number	Email Address

### 2. Information about the patient: (Check mark if same as above).

Last Name, First Name	Mailing Address
Day time phone number	Email Address
Patient's Date of birth (dd/mm/yyyy)	What is your relationship to the patient? (e.g. self, friend, family)

### 3. Preferred Mode of Communication:

Would you like the Executive Director or Physician Lead to communicate with you?

Telephone:       E-mail:       Regular Mail:       Fax (if confidential Line)

Kindly indicate what is the best time of day to contact you: \_\_\_\_\_

Are you willing to do a Face to Face meeting or comfortable with Virtual meeting? Yes  No

**4. Complaint details:**

\_\_\_\_\_  
Name of staff member/Physician

\_\_\_\_\_  
Site Address

\_\_\_\_\_  
Date and time that the issue arose: (dd/mm/yyyy)

**5. Summary of Concerns:**

Complaint Details: Describe the event(s) that led to this complaint. If you have more than one event, please list them individually.

1.	
2.	
3.	
4.	

**6. Other Information:**

Please give the names of any other people who were involved/witness to event and can provide information:

Name	Contact Information.	Why they may have information to contribute:

**7. Describe the Complaint:**

- What happened.
- Who was involved.
- Any other information that may assist in the review.
- What you hope will happen as a result of this complaint.