

## Humber River Family Health Team Patient Complaint Form

To make a complaint, please complete this form and return it to a staff member, physician, or mail to the attention of the: **Executive Director, Humber River Family Health Team, 2050 Weston Road. Toronto. ON. M9N-1X4 or call 416-740-2810.**

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

- 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)

**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.	

**5. 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:

**6. 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.

Reviewed and approved by:

Humber River Family Health Organization Board -  
Humber River Family Health Team Board –

References

CPSO Complaint Form  
CNO Complaint Form

History: