

Compliment/Complaint Form

Patient Name: _____

Chart Number: _____

Address: _____

PHIN: _____ Date of Birth D/M/Y: _____

Home Phone: _____ Cell: _____

Work Phone: _____

If you are making a compliment/complaint on behalf of a patient please fill in your details here:

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Relationship to patient: _____

We will contact the patient to ask their permission to disclose the response to you.

Time and date when incident occurred that you wish to comment about: _____

Name of staff involved (if known): _____

Please tell us in your own words why you are happy or not happy with the care or service that you have received from us:

(Please continue on a separate sheet of paper if necessary)

As a result of your remarks, what would you like to see happen: _____

I understand that staff investigating these comments may need to see health records, but that all information will be kept confidential and will in no way affect any care provided.

SIGNATURE

DATE

Thank you for taking the time to bring your compliments/complaints to our attention.

Please return this form, marked confidential, to:

Patient Liaison/Clinic Manager
Heartland Fertility & Gynecology Clinic
701-1661 Portage Ave.
Winnipeg, MB
R3J 3T7