



PATIENT COMPLAINT FORM

Step 1: Person Registering Complaint

First Name:

Last Name:

Email Address:

Phone Number:

Street Address:

City:

Province:

Postal Code:

Step 2: Patient Information

Same as above.

Date of Birth:

First Name:

Last Name:

Street Address:

City:

Province:

Postal Code:

Your Relationship to the Patient:

Date of Birth:

Step 3: Details of Complaint and Supporting Document(s)

Names of Person(s) Involved:

Where did the problem occur?

Was there attempts to correct the problem by staff/students/instructors?

Description of Events: *Outline the details of your complaint, in your own words*

Step 4: Desired Outcome of this Complaint (We cannot guarantee your desired resolution)

Patient/Designate
Signature:

Date: