**WATERLOO MEDICAL CENTRE**

**COMPLAINT FORM**

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| Patients have the right to file a grievance regarding treatment or care that is (or fails to be) furnished or file a complaint about Waterloo Medical Centre or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. All complaints are confidential and will be given serious attention. This patient complaint form will be routed to the appropriate Manager or Partner, who will directly address your concern. | |
| Complaint received by: | |
| Date & Time of Complaint: | |
| How complaint was initially made or delivered: | □ email □ in person  □ phone □ in writing  □ via another person |
| Name of person **making the complaint**  □ Self  □ Other; if other, please state relationship: | |
| Patient Name | |
| Address | |
| Phone number(s). | |
| **ABOUT THE COMPLAINT** | |
| Staff involved [include name / job title] | |

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| **SUMMARY OF PROBLEM OR REASON FOR COMPLAINT (ATTACH ADDITIONAL SHEETS OF PAPER, IF NEEDED).** |

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| Patient Signature  Date |