

Formal Patient Complaint/Concern Form

Date:

Person Registering the Complaint

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|----------------|
| First Name: |
| Last Name: |
| Address: |
| Phone: |
| Email Address: |

Patient Information (if other than the person filing the complaint)

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|----------------|
| First Name: |
| Last Name: |
| Address: |
| Phone: |
| Email Address: |

Relationship to Patient

- Parent (child is under 16 years of age and/or for whom I am legal guardian)
- Parent, legal guardian or attorney for a dependent adult
- I am the Substitute Decision Maker for the above patient
- I am a friend of the above patient
- I am a neighbor/acquaintance of the above patient

Details of the complaint

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| Provide details of your concern including the following as appropriate/applicable |
| Date of Incident: |
| Time of incident: |
| Was this regarding an appointment <input type="checkbox"/> YES <input type="checkbox"/> NO |

Name of the team member(s) of our clinic involved:

| |
|--------------------|
| Provider (doctor): |
| Receptionist: |
| Other: |

What is your complaint/concern:

Describe any efforts you have made to resolve this matter:

Please describe the result or outcome that you seek:

Do you consider this matter urgent? [] YES [] NO
If yes, please explain why:

Signature of person registering the complaint: _____

Upon submission, this document will be reviewed by our Operations Supervisor (or delegate).

Please email the completed form to info@ldrs.ca (make sure all fields are filled out).

If not able to email, then you can mail it to:

LDRS
595 Wonderland Rd N
London, ON N6H 3E2
ATTN: Operations Manager