



SEGCHC Compliment/Complaint Form

We appreciate your feedback. The SEGCHC staff work diligently to provide the best care possible for our patients/clients. Our staff appreciates hearing positive feedback and less positive feedback helps us to be aware of problems and concerns that need to be addressed.

If you have a complaint, whenever possible, try to resolve your concern directly with SEGCHC staff person involved. However, if this does not work, you can provide a written report to the SEGCHC using this form. You may be asked to provide additional information to support your concerns. When received, this form will be addressed by the appropriate manager. Your concerns are taken seriously and we strive to improve the quality of your experience here at the Centre.

Name: _____ Date: _____

Address/Phone for follow up: _____

I am a: Patient Visitor Relative

Compliment **Complaint**

Type of Concern (Check all that apply):

Patient Care Factors

Staff Factors

Organizational Factors

Quality of care

Courtesy

Waiting times

Timeliness of care

Communication

Cleanliness

Consultation process

Privacy

Accessibility

Other

Other

Other

Was the situation addressed with anyone at the clinic at the time? Yes No

Who: _____ and what was the outcome?

Follow up action taken: _____

Complainant was advised of resolution by: Phone Mail Face-to-Face Meeting

Date complaint was closed _____

Signature of Person Investigating this record: _____ Date: _____