

# COMMENTS, COMPLAINTS & COMPLIMENTS

Use this form if you wish to make a general comment, complaint or compliment

## Your contact details

The contact details that you provide will not be passed on to any third party.

1. Title: Miss / Ms. / Mrs. / Mr. / Dr. / Prof. *(circle as appropriate)* / Other: *(please specify)* \_\_\_\_\_

2. First name \_\_\_\_\_ 3. Last name \_\_\_\_\_

4. Telephone number that InterHealth Canada (TCI) Ltd. may use to contact you about this form

5. Email address that InterHealth Canada (TCI) Ltd. may use to provide feedback about this form

## Your comments

6. Department *(tick as appropriate)*: Ward  Emergency  Outpatients  Imaging   
Dialysis  Chemotherapy  Rehabilitation  Administration

Other: *(please specify)*

Are you reporting a complaint  compliment  general comment?  *(tick as appropriate)*

7. Please write your comment, complaint or compliment here *(continue on reverse or on a separate sheet if necessary)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Member of staff receiving form:** Aim to resolve complaints immediately they are reported to you if possible. Notify your manager so that they are aware of all complaints even if they have been resolved. Complaints do not have to be put in writing by the complainant. To avoid delay in providing a response to complainants please log all complaints which cannot be resolved within 24 hrs on Pavisse, scan this form and attach it in the “documents” section. Refer to the TCI Hospital Complaints Policy / Quality, Risk & Patient Safety Manager for further information on complaint management. Thank you.