



COMPLAINT PROCESS

Do you have a concern you would like us to know about?

The STAR Family Health Team strives to provide the highest quality of healthcare in a safe and supportive environment. If you have a concern about quality of care including program information, we encourage you or your family to first discuss your concern with the appropriate member(s) of your healthcare team. Your Physician or the nurses, social workers and other healthcare professionals who have been involved in your care are most familiar with your particular situation. Usually, they will be able to quickly resolve any issue you may have. If a member of your healthcare team is unable to satisfy your concerns, or if you are not satisfied with their response, please file a complaint with the Executive Director. All such complaints will be thoroughly investigated.

Why file a complaint?

It is important that department leads are made aware of concerns that, once resolved, may result in changes to systems that improve services to all patients.

The complaint process

Initially you should speak with the appropriate members of your healthcare team about your concern as soon as reasonably possible. If you are unable to resolve the problem in this way, please take the following steps:

1. Complete the complaint form. Completed forms may be mailed to:
Monique Hancock, Executive Director
700 O'Loane Ave,
Stratford, Ontario N5A 6S6
2. You may request a complaint form electronically and send by e-mail to: hmonique@starfht.ca
3. Once received, the complaint will be reviewed by the Executive Director.
4. All complaints will be thoroughly investigated; you will be contacted by telephone within 30 days of receipt of the complaint.
5. In order to address concerns, the Executive Director may review the complaint with the appropriate health care team member(s) and ask him/her to provide input.

Safeguarding your privacy

Because all medical information is confidential, consent will be obtained from complainants if patient confidential medical information is required to address the concern.

What are the possible outcomes of a complaint?

Once all the information has been reviewed, the STAR Family Health Team may decide to do one of the following:

1. Engage in further discussions with you and the most appropriate health care professional involved in your care to resolve the complaint to all parties' satisfaction.
2. Take no further action if care provided was appropriate.
3. Refer concerns to the STAR Family Health Team's Lead Physician for further review.

If you have any questions regarding this complaint process, please contact:

Monique Hancock, Executive Director

700 O'Loane Ave,

Stratford, Ontario N5A 6S6

hmonique@starfht.ca



PATIENT COMPLAINT FORM

Date: _____

Person Registering the Complaint

First Name: _____

Last Name: _____

Address: _____

Daytime Phone Number including area code: _____

Evening Phone Number including area code: _____

E-Mail Address: _____

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

First Name: _____

Last Name: _____

Address: _____

Daytime Phone Number including area code: _____

Evening Phone Number including area code: _____

E-Mail Address: _____

Details of Complaint:

Please provide details of your concern: _____

Date and time of the incident: _____

Which Clinic? 700 O'Loane Ave, Stratford, ON 511 Huron St, Stratford, ON 80 Maria St, Tavistock, ON

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: _____

Further comments:

Please forward the completed form to:

Monique Hancock, Executive Director
700 O'Loane Ave,
Stratford, Ontario N5A 6S5
E-mail: hmonique@starfht.ca
Fax: 519-273-0371

For Office Use Only

Complaint received by: _____

Date: _____

Complaint investigated by: _____

Date: _____

Date response sent to client: _____

Resolved

Yes

No