

# Delhi

## Family Health Team

### Feedback Form

#### Filing a Complaint

**Please Note: There is an expectation that the complainant will have discussed the referred incident with the staff member(s) and made every effort possible to clarify and resolve any such incident or incidents with the staff person(s) against whom they are lodging the complaint prior to initiating the complaint process.**

To initiate the process, please follow these important steps. All information gathered as part of a Delhi Family Health Team (“DFHT”) investigation needs to be documented; therefore, the complaint and all other supporting information must be **in writing**.

Please note: The DFHT will not normally act upon a verbal or anonymous complaint.

#### **1. Review the Complaints Process**

Please review the DFHT policy regarding the grounds for complaints and the steps involved in the complaints Process.

#### **2. Complete the Complaint Form as provided - (signature required)**

Please print out and/or copy the complaint form, complete, sign, and attach documentation and details of complaint as required.

#### **3. Attach detailed description of complaint in writing**

Please provide on a separate sheet, a detailed description of your complaint, including the following for each incident that is being reported:

Specific date(s) of incident

Name or description of witnesses to the incident

Detailed description of incident

Have your concerns been brought to the attention of the staff member? If so, what was the outcome?

#### **4. Attach any supporting evidence**

Please forward any documents or information that supports the complaint.

**5.: Mail the completed complaint form and any other information that supports the complaint to:**

The Executive Director  
Delhi Family Health Team  
105 Main Street  
Delhi , ON N4B 2L8

APPENDIX B – FEEDBACK FORM

*Delhi*

Family Health Team

FEEDBACK FORM

Name of Person Submitting Complaint		Daytime Phone	Alternate Phone
Street Address			
City		Province	Postal code
Name of Patient for whom you are filing this complaint (if you are not filing for yourself).			Relationship to enrollee
Email Address:			
Name of Person against whom you are making this complaint:			
Identify the grounds upon which the complaint of discrimination or alleged discriminatory practice or harassment is being made.			
<b>Narrative description of your complaint:</b> In the space below, describe the factors and issues that caused you to file this complaint and what happened - including when and where it happened and who was involved. If possible, include the full names of any involved individuals if possible, attach copies ( <b>do not send originals</b> ) of any relevant documents.			
What would resolve this complaint to your satisfaction?			

Signature \_\_\_\_\_

Date \_\_\_\_\_