



**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**RATE RISK**

**What level of risk would you consider your complaint to be?**

- Low Risk
- Medium Risk
- High Risk

**COMPLAINT INFORMATION**

- I am a staff member.
- I am a resident.
  - No additional information required for follow up.
- I am not a resident.

**If you are making the complaint on behalf of the resident, what is your relationship to the resident?**

**Relationship:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Resident's Name and Room Number:** \_\_\_\_\_

**DETAILS OF COMPLAINT**

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**CONFLICT RESOLUTION**

**Have you attempted to resolve your concern with a Registered Team Member or Management?**

- YES
- NO

**If yes, please describe any efforts you have made to resolve your complaint and the response you received.**

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**What resolution would you suggest regarding this complaint?**

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**WITNESS**

**Witness Name:**

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**Contact Information:**

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**Witness Name:**

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**Contact Information:**

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**ADDITIONAL INFORMATION**

The complaint will be investigated and resolved where possible, and a response that complies within 10 business days of the receipt of the complaint.

- If the complaint alleges harm or risk of harm including, but not limited to physical harm to one or more residents the investigation will start immediately, and a CIS will be completed by Administrator/Designate.

A follow up from the complaint will include what we are doing to resolve the complaint now, a plan of action and when the complaint is expected to be resolved.

- If it is determined that there is no cause for a complaint after an investigation, an explanation will be provided and documented.

Complaints will also be reviewed at the quarterly Quality Improvement Meetings.

Report an urgent complaint – call the Long-Term Care Family Support and Action Line: toll-free 1-866-434-0144

- Hours of operation: 8:30am – 7:00pm, 7 days a week

Patient Ombudsman – Toronto 461-597-0339, Toll Free 1-888-321-0339

- Telephone: Monday to Friday from 9am – 4pm
- Mail Address – Box 130, 77 Wellesley Street, West, Toronto Ontario, M7A 1N3

## **ADMINISTRATOR/MANAGEMENT**

This page is for the administrator/designate to complete.

### **Administrator/Manager Checklist**

- Documentation of the complaint.
- Management response within 10 days of receiving the complaint.
- Documentation of the response
  - A follow up from the complaint will include what we are doing to resolve the complaint (immediate corrective measures while conducting the investigation, where applicable).
- Investigate the complaint.
- Plan of action.
- Provided a verbal or written response when the complaint is expected to be resolved.
- If it is determined that there is no cause for a complaint after an investigation, an explanation will be provided and documented.
  - N/A
- Immediately complete a CIS and contact MOH – If the complaint alleges harm or risk of harm including, but not limited to physical harm to one or more residents.
  - If a CIS is required, reference establishes abuse policy (to be completed by administrator/designate)
  - CIS is not required due to the nature of the complaint.