2-Sided Form: See **other side** to submit a Compliment, Suggestion, or Question.

Ontario Shores
Centre for Mental Health Sciences

Send us your completed form by:

Mail: Family Resource Centre (Building 7, Level 2)
700 Gordon Street, Whitby, ON L1N 5S9

Drop Boxes: in selected clinic waiting rooms, Family Resource Centre, and ADOL, EDU inpatient units

Email: feedback@ontarioshores.ca

Fax: 905-430-4059

You can call us at: 905-430-4055 ext. 6703

Feedback Form: We want to hear about your experience!

Concern or Complaint

We welcome comments from patients, families, visitors, other service providers, and members of the public. See instructions (top right) on how to send us your feedback. Please fill out the areas below:

Date: _____

Are you a: (Check the one that best applies):

◯ Patient ◯ Family Member/Friend/Caregiver ◯ Substitute Decision Maker

◯ External Health Professional/ Agency ◯ Other - please specify: _____

Have you spoken to staff about your concern or complaint?

◯ Yes ◯ No

How Are We Doing? Please describe your concern or complaint: (if required, attach additional notes)

_____

_____

_____

What would you like to see happen as a result of giving your feedback?

_____

_____

If you would like someone to respond to you, please fill out the following:

Your Name: _____

Patient Care Unit or Program if Applicable: _____

Phone#: _____ Can a message be left at this number? ◯ Yes ◯ No

Did you have assistance to complete this form? ◯ Yes If a staff member assisted you, please add:

Name of staff member: _____ Unit/Program: _____ Ext.: _____

For Staff use only: Date Received: _____

Received by: _____ Dept.: _____

Personal information you provide to Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is collected pursuant to the Public Hospitals Act R.R.0 1990, c. P.40. It will be used for the purpose of resolving complaints, implementing suggestions and responding to you. At all times it will be treated in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection of your personal information, please refer to the Privacy & Access pages on the Ontario Shores website or contact the Leader, Privacy & Access at 700 Gordon St. Whitby, ON L1N 5S9; 905-430-4055 ext. 6712. Please note that this form will not be placed in the patient's Ontario Shores health record.

May 2023

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What type of feedback would you like to provide:

◯ Compliment ◯ Suggestion ◯ Inquiry/Question

Have you spoken to staff about your feedback?

◯ Yes ◯ No

How Are We Doing? Please describe your feedback: (if required, attach additional notes)

_____

_____

_____

Can we share your anonymized feedback in promotional or other material for Ontario Shores?

◯ Yes: provide your signed consent: _____ ◯ No

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