Peterborough
FAMILY HEALTH TEAM

185 King Street, 5th Floor
Peterborough, ON K9J 2R8
Clinical - Tel: (705) 740-8020 | Fax: (705) 740-8030
Admin. - Tel: (705) 749-1564 | Fax: (705) 749-1543

Patient Relations Form

Quality care is something we take very seriously. Your feedback is very important to us. Please be as thorough as possible so that we may assist you in the best way possible.

Please note: we are only able to address concerns related to the programs and services we deliver or the interprofessional healthcare providers whom we employ. If you have a concern regarding your family doctor, you must contact the College of Physicians and Surgeons of Ontario.

Your Information

Surname:_____ Given Name:_____ Initials:_____

Address: _____ Unit:_____

City:_____ Province:_____ Postal Code:_____

Telephone:_____ Alternate telephone:_____

Details of the Concern, suggestion, complaint, or question

Date of concern:_____ Time of Concern:_____

What is your concern, suggestion, complaint, or question?

_____

_____

_____

Who is this concern, suggestion, complaint, or question regarding?

_____

Have you discussed this matter with anyone else? No ❑ Yes ❑

If yes, please specify:_____

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What is your desired outcome?

_____

_____

_____

Is this an urgent matter? No ❑ Yes ❑

Additional Comments:

_____

_____

_____

Signed by:_____ Date: _____
Please type your name if submitting form electronically (DD/MM/YYYY)

Please submit this form through one of the following ways:

1. **Mail:** 185 King Street, Suite 500 Peterborough, ON K9J 2R8
   Attention: Renee MacKenzie
2. **Fax:** 705-749-1543
3. **Email:** feedback@peterboroughfht.com
4. **Click submit button below:**

Submit Patient Relations Form

For Staff Use Only

Received by:_____ Date:_____

Investigated by:_____ Date:_____

Date response sent to complainant:_____ Resolved: No ❑ Yes ❑