

One of our core values that guides our work is to treat all people with compassion, respect and fairness.

You can help us live this value and improve our services by providing your feedback.

If you need any assistance completing the form, please ask a staff member.

Contact Administration (807)274-4825
www.riversidehealthcare.ca
riverside@rhcf.on.ca

Riverside Health Care

110 Victoria Ave
Fort Frances, ON P9A 2B7
(807) 274-3261

Fax: 807-274-2898
E-mail: riverside@rhcf.on.ca

Concerns Complaints and Compliments



www.riversidehealthcare.ca

Riverside Health Care wants to make every encounter with patients and families an opportunity for quality improvement.

What is the first step?

Concerns, complaints and compliments are best addressed and resolved at the time and place they occur. If you have a complaint, concern or compliment, contact the person who provided the service or the manager of that area.

If you wish to write your concern/complaint or compliment please use the space provided on the back page of the brochure and attach additional pages if required. It can be left with any Riverside Health Care staff member or mailed to the address on the back of this form.



What can I expect if I file a complaint?

Any service area will record and manage your complaint in a prompt and fair manner. We will work with you towards a resolution by connecting with the appropriate health care providers and investigating your concern. We will try to achieve this in a timely manner and provide you with an explanation of decisions and actions taken as a result of your complaint.

Who else will know about my complaint?

Your privacy and confidentiality will be respected and protected. If you don't wish to provide your name, you don't have to. However, it does make it difficult to completely investigate concerns if we can not follow up with you.

Riverside Health Care acknowledges the need to maintain a healthy, respectful balance between the public and health care providers in an effort to provide safe, quality care.

By being accountable and transparent, Riverside Health Care will enhance trust in the health care system.

All written submissions will be acknowledged in writing by the President & CEO.

I consent to the sharing of my question, concern or compliment to the most appropriate area of Riverside Health Care for follow-up. Yes No

Name: _____ Address: _____

Phone Number _____

Signature: _____

Concern, Complaint and Compliments: _____

