



**PATIENT COMPLAINT FORM**

MMI is committed to providing our patients with the best level of care possible. Please complete this form if you have concerns about the health care or treatment that you or a family member received at one of our clinics.

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**COMPLAINANT INFORMATION (IF DIFFERENT FROM ABOVE)** Please also complete and fax the Health Information Authorization Form if filling it out on behalf of patient.

Name of person initializing complaint: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**NATURE OF COMPLAINT**

Appointment/Booking       Problem with Staff       Other: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Exam/Service provided: \_\_\_\_\_

**DETAILS OF YOUR COMPLAINT**

In your own words please tell us why you were unhappy with the care or service you received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the staff investigating this complaint may need to see and review my health records, but that all information will be kept confidential. I further understand that this complaint will in no way affect any care provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the completed form to 365-447-0053 (If outside the Niagara Region include 1 in front of area code) or email to: [complaints@mmimaging.com](mailto:complaints@mmimaging.com).

You should receive a response within 10 business days. (If the complaint alleges harm or risk of harm, it will be dealt with immediately)

If you are not happy with the resolution of the complaint, it is your right to bring your complaint to the Patient Ombudsman under the Excellent Care for All Act, 2010

Mail: Box 130, 77 Wellesley St., West, Toronto, ON, M7A 1N3

Phone: 416-597-0339 Toll Free: 1-888-321-0339 Website: patientombudsman.ca