

You save and email this completed form to:

patientrelations@waypointcentre.ca

The completed form may also be printed and sent by mail to:

Patient Relations Officer, Waypoint Centre for Mental Health Care 500 Church St., Penetanguishene, ON L9M 1G3

Phone: 705.549.3181, ext. 2999

Feedback Form: We want to hear from you!

COMPLIMENT, SUGGESTION 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))		
O Patient O Family Member/Friend/Caregive		giver O Substitute Decision Maker	O External Health Professional/Agency	
O Other				
What type	of feedback would you like to pr	rovide:		
O Complin	nent O Suggestion	O Complaint		
Have you s	poken to staff about your feedba	ack?		
O Yes	O No			
How are w	e doing? Please describe your fe	edback:		
What wou	d you like to see happen as a res	sult of giving your feedback?		
If you wou	ld like someone to respond to yo	ou, please fill out the following:		
Your name	:			
Patient car	e unit or program if applicable:			
Phone #: _		Can a message be left at this number? O Yes		
If this form	was completed by a staff member	er on behalf of a patient:		
Name of staff member:		Unit/Progra	m: Ext.: _	
or staff use	only: Date received:			
Received by:			Dept.:	
ersonal informa		ntal Health Care (Waypoint) is collected pursuant to t		

Personal information you provide to Waypoint Centre for Mental Health Care (Waypoint) 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 Waypoint website or contact the Privacy Officer at 500 Church St., Penetanguishene, ON L9M 1G3; 705.549.3181 ext. 2258. Please note that this form will not be placed in the patient's Waypoint health record.