

**WINDSOR FAMILY HEALTH TEAM  
Compliments and Complaints**

**Why tell us what you think?**

The Windsor Family Health Team is committed to listening, learning and responding to your compliments and complaints as we strive to provide the highest quality healthcare in a welcoming, inclusive, safe and supportive environment. Your comments tell us what we are doing well while also encouraging us to find solutions to improve health care for all of our patients.

**Do you have a compliment or complaint that you wish to share?**

Sharing a compliment or complaint is easy!

- Talk directly with your care provider or a team member if possible;
- Scan the QR code to submit electronically; or
- Complete and submit the hand written *'Compliments & Complaints Form'*. The form can be found on our website (<https://www.windsorfht.ca/>), in our waiting room and attached to this form.



**What's the process?**

- Step 1:** If you have a compliment or complaint, we encourage you to express it directly to the team member as soon as it arises. Sometimes you may not feel you need a response to a compliment you have shared with us. However, complaints can be different and we also understand that sometimes complaints do not arise immediately. If a complaint needs to be addressed, please let us know so we can respond appropriately. No matter what, our team members will listen to you, thank you for your feedback, carefully consider any complaint you may have and promptly make every effort for resolution.
- Step 2:** If you feel that your complaint needs further action after you have spoken directly with the involved Windsor Family Health Team member, you can ask to speak with the Manager of Quality, Safety and Patient Experience. You may be asked to give your feedback in writing if you haven't already done so. The Manager will contact you to discuss and determine next steps to improve your health care experience.
- Step 3:** If the response or outcome is still unsatisfactory, you can forward additional comments to our Executive Director by completing our Compliments & Complaints form (<https://www.windsorfht.ca/>). The completed form can be dropped off at our office personally, sent by email or mailed to the following address:

Windsor Family Health Team  
2475 McDougall, Suite 245  
Windsor, Ontario, Canada  
N8X 3N9  
Attention: Margo Reilly, Executive Director  
Email: [mreilly@windsorfht.ca](mailto:mreilly@windsorfht.ca)

The Executive Director will either directly, by delegation, or through a neutral party, thoroughly investigate your concern and identify proper resolution, as needed. If your complaint involves the Executive Director, our Board Chair will carry out this step.

- Step 4:** Our commitment to you is to respond within (10) business days of receiving your completed Compliment & Complaint form. This will give us opportunity to thoroughly investigate your concern and to provide you with a response. If we are unable to offer a final resolution within 10 business days, we will give you an update.

### Compliments & Complaints

The Windsor Family Health Team wants to hear from you. We appreciate knowing what we are doing well, along with what we can do better.

Name (First & Last): \_\_\_\_\_

Date of compliment/complaint: \_\_\_\_\_

Does this involve a  Person  Process/Procedure  Facility

If a person is involved, do you know their name? \_\_\_\_\_

Do you want to share a  Compliment  Complaint

In the process of resolving complaints, the Windsor Family Health Team encourages healthy dialogue and transparency between patients and the health care team. Please tell us if you have done one of the following:

I have shared my complaint directly with the staff/person(s) involved  Yes  No  N/A

I plan to discuss/resolve this issue at our next encounter  Yes  No  N/A

Please provide details of the issue and your desired outcome:

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I would appreciate a response regarding my compliment or complaint  Yes  No

Please provide a telephone number to reach you: \_\_\_\_\_

Consent:

I agree to allow the Windsor Family Health Team Manager of Quality, Safety and Patient Experience and/or the Executive Director to access my patient record for relevant notes or details that are related to my compliment or complaint.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)