



West Park Healthcare Centre welcomes the views of our patients, families, visitors, staff members, physicians and volunteers in our commitment to continuously improving the quality of the services we provide.

We ensure that all complaints are taken seriously and that everyone is treated with courtesy and respect.

CONFIDENTIAL

Please deposit completed form in one of the Tell Us What You Think drop boxes, located at the elevators on each floor in the Main building, on the ground floor of the Ruddy Building, and at the main entrance.

If you wish to submit the form from outside West Park, please mail in a sealed envelope to:

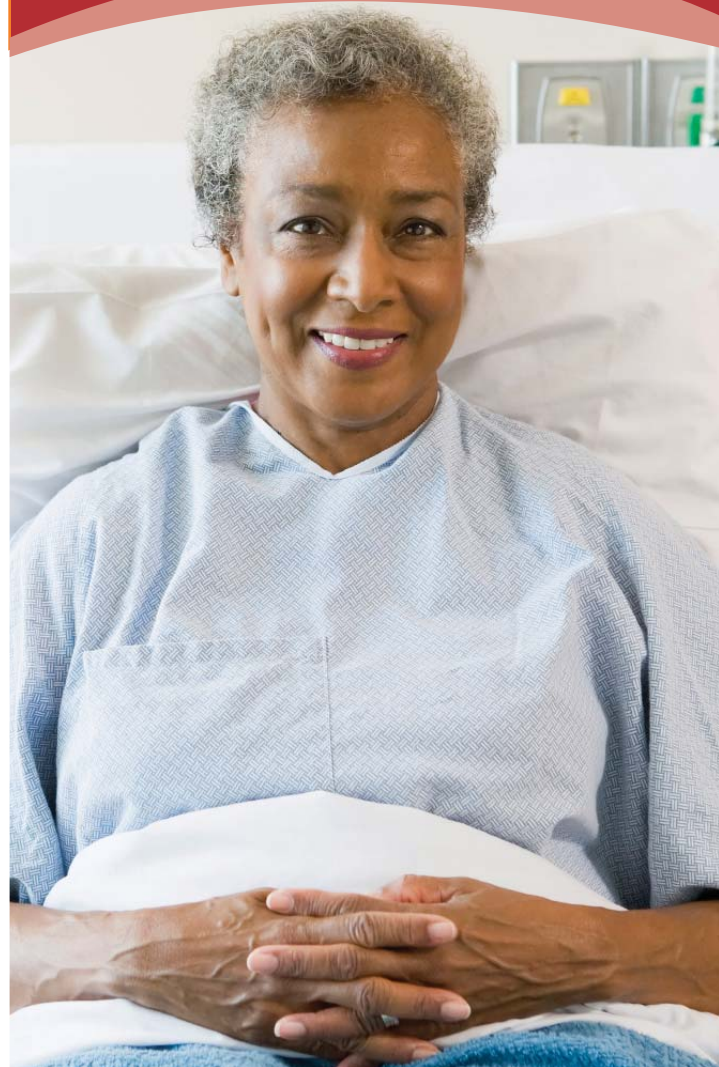
Quality, Risk and Patient Safety
West Park Healthcare Centre
82 Buttonwood Avenue
Toronto, ON M6M2J5

Please staple or tape along here. If mailing, place form in an envelope and affix proper postage.

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Tell us what you think
Share your compliments and complaints



Share your experience

If you have feedback about the services that we provide, we'd like to hear from you. Please use this form to note your compliment or complaint, or ask someone you trust to help you complete it.

Deposit the completed form in the "Tell Us What You Think" drop boxes at the elevators on each floor in the Main Building, on the ground floor of the Ruddy Building and at the main entrance, or call our "Tell Us What You Think" hot-line at 416-243-3600 ext. 2337 to leave a message.

If you require assistance, ask someone you trust to help you complete this form or call the hot-line mentioned above.

You can expect a response to your complaint within two business days.

Today's date: _____

Name: _____

Phone: _____

Room/unit or address: _____

Would you like to remain anonymous: Yes No

Please share your compliments or complaints

If you have a complaint, include any relevant dates and facts as well as any suggestions that may help in resolving the issue. If necessary, add another sheet of paper.

If assistance was provided in completing this form, please include the name and phone number of the person providing assistance:

Name: _____ Phone: _____