

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

590 First Edmonton Place, 10665 Jasper Avenue NW, Edmonton, Alberta T5J 3S9
Phone: 780-427-4924 Fax: 780-427-0806

COMPLAINT FORM

Pursuant to the *Health Facilities Review Committee Act*, the Alberta Health Facilities Review Committee (Committee) is responsible for investigating complaints involving the quality of care, treatment, and standards of accommodation provided to patients in health care facilities.

To file a complaint, complete and sign this form providing details about your complaint. Be specific and include copies of pertinent documents that will help support your complaint. Please note that in order to investigate a complaint made by or on behalf of a patient in a facility, the Committee may need access to the health records of the patient. For this reason **we require the attached Authorization to Disclose Health Information form to be completed and signed by the patient or the person authorized to act on the patient's behalf.** This document is a legal authorization for the Committee to obtain information about the patient's care from the doctors and/or facilities involved in the medical care.

The Committee will acknowledge receipt of your complaint by letter. If the allegations contained in your complaint fall within the legislated mandate of the Committee, your complaint will be assigned for investigation.

PLEASE PRINT OR TYPE

COMPLAINANT:

Name: _____

Address: _____
(Street) (City/Town) (Province) (Postal Code)

Home Phone: (____) _____ Business Phone: (____) _____

Name of Patient if other than yourself: _____

Address: _____
(Street) (City/Town) (Province) (Postal Code)

Home Phone: (____) _____ Business Phone: (____) _____

Relationship to Patient: (e.g. son, sister, parent, legal guardian etc.) _____

SUBJECT OF COMPLAINT:

Name of Facility: _____

Name of Attending Physician: _____

Is Patient still in the facility? () Yes () No

If yes, please provide room number: _____

Date(s) of incident(s): _____

Over...

