Ontario

Ministry of Health

Complaint Form - Emergency Health Services

Fields marked with an asterisk (*) are mandatory.

Submitting Complaint

Forms can be submitted via email, phone, or mail. Please choose your preferred submission method. *

☐Phone: 416-788-4782 ☐Email ☐Mail: 590 Rossland Rd E. Whitby, ON L1N 9G5

1. Complainant Contact Information

Last Name	First Name	Middle Initial

Current Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Email Address *

Please indicate your preferred contact method:

☐Phone ☐Email ☐Mail

2. Patient Information (if different from above)

Last Name	First Name	Middle Initial

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Email Address	Date of Birth (yyyy/mm/dd)

3. Complainant Information

Service you are filing a complaint against (if known)

Service (air/land ambulance service)

Communications Centre

Base Hospital Program

Other

Individual (if known) you are filing a complaint against

Last Name	First Name

Service

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Nature of Complaint *

☐ Quality of Patient Care ☐ Quality of Documentation ☐ Paramedic Conduct

☐ Quality of Dispatch ☐ Quality of Ambulance Service ☐ Quality of Air Ambulance Service

☐ Quality of Air Ambulance Dispatch ☐ Other

Event information (if known)

Date of call (yyyy/mm/dd)	Time of call	Location of call	Number you called 911 from

Please elaborate on your concerns.

Additional information (please include as many details as possible, such as names and contact information for witnesses)

Additional information or relevant documents can be attached.

File Name	File Size (MB)	Selected File
		☐

4. Signature

Notice of Collection and Consent

The Ministry of Heath collects the personal information, including personal health information, if any, you input into this form under the authority of paragraph (e) of subsection 4(1) of the *Ambulance Act*, subsection 38(2) of the *Freedom of Information and Protection of Privacy Act*, and subsection 29(a) of the *Personal Health Information and Protection Act*. By signing this form you consent to the collection and use by the Ministry of any personal health information you choose to include in the form. The Ministry will handle the personal information, including any personal health information, in accordance with privacy legislation, including the *Personal Health Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*.

The Ministry collects and will only use the information you provide for the purpose of processing and investigating, if applicable, your complaint and will always keep your information and your identity confidential unless required by law to disclose it.

If you have any questions about this collection of your personal information you may contact inspections_investigations@ontario.ca.

Acknowledgement

Signature

☐ By clicking this box, I understand that I am filing a formal complaint as mentioned in this form and in accordance with the Ministry's complaints management process for emergency health services. *	Date (yyyy/mm/dd)

For more information, please visit our website at: www.health.gov.on.ca/en/pro/programs/emergency_health/.

Emergency Health Services Division's Investigation Services Unit at the Ministry of Health will be in touch with you to acknowledge receipt of this formal complaint.