

All users of our laboratory services have the right to request additional information or file a grievance regarding care or service from the Seymour Health UPCC Laboratory without fear of discrimination or retaliation. The laboratory will strive to resolve any feedback in a fair, efficient, and timely manner. All complaints are confidential and will be given serious attention. The patient complaint form will be routed to the appropriate laboratory operations director or medical director, who will address your concern directly. Please fill and email the form to margaret.green@seymourhealth.ca.

GENERAL INFORMATION

| | |
|---------------------|--|
| First and Last Name | |
| Phone number | |
| Email | |

ABOUT THE COMPLAINT

| | |
|---|--|
| Department involved | |
| Date and time of incident | |
| Staff involved (include name/job title) | |
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SUMMARY OF PROBLEM OR REASON FOR COMPLAINT:

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| | |
| Patient/User Signature & Date: | |

FOR USE BY LABORATORY ADMINISTRATION ONLY

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|--|--|
| Complaint number: | |
| Complaint directed to: | |
| Laboratory Operations Director Signature and date of receipt: | |