Oxford County
Nurse Practitioner-Led Clinic
Ontario

Patient Complaint & Feedback Form

Please complete this form and return it to reception or place it in the mailbox. You may also submit anonymously. — please note that anonymous submissions limit our ability to follow up directly with you.

Your Information (Optional)

Patient Name	
Date of Birth	
Phone Number	
Email	
Preferred Contact	
Date of Incident /Concern	
Location/ Department Where Incident Occurred	

Nature of complaint (check all that apply):

☐	Quality of care or treatment
☐	Communication or information sharing
☐	Staff conduct or professionalism
☐	Wait times or access to care
☐	Privacy or confidentiality
☐	Billing or fees
☐	Other: _____

Please describe what happened, including relevant dates, times, and names of staff involved (if known):

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What outcome are you hoping for? What would resolution look like to you?

Staff Use Only

Date Received		Received By	
Date Acknowledged		Assigned To	
Date Resolved		Escalated?	☐ Yes ☐ No
Outcome / Notes			