

MY EXPERIENCE AT RUNNYMEDE

Feedback Form

Date Feedback Provided: _____

Feedback Given by: Patient Family Visitor

First Name

Last Name

Room or Phone Number

Type of Feedback:

Compliment
Concern
Complaint
Suggestion

Topic:

Patient Care
Safety
Food
Cleanliness

Other
Specify:

Your Feedback

(To help us best direct your **feedback**, please be as specific as possible.)

Have you reported/suggested this to a staff member? Yes No Date: _____

If yes, to whom was it reported/suggested?

First Name

Last Name

Department/Profession

THANK YOU FOR YOUR FEEDBACK

Please drop off at Main Reception, 1st Floor, to be forwarded to Patient Relations.

Alternatively, you may choose to email directly to patient.relations@runnymedehc.ca.

If this is a concern **or a complaint**, you can expect to be contacted for follow-up within 2 business days.

Please be aware that anonymous complaints will not be investigated.