



## Carefirst Family Health Team Complaint Form

Date: \_\_\_\_\_

We strive to provide you the highest level of quality and safe services/programs at all times. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below:

Title (Mr., Mrs. Ms., Miss): \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Contact number during business hours: \_\_\_\_\_

Email: \_\_\_\_\_

Date and time of complaint/dissatisfaction: \_\_\_\_\_

Location of complaint: (please circle): Scarborough Clinic / Richmond Hill Clinic/ Other

Please describe the complaint below and what happened to cause you to be dissatisfied?

*(If you need more space, please continue on a separate piece of paper and attach it to this form)*

Who did you inform of the complaint or dissatisfaction?

**Please submit this completed form in person to the drop box at the front desk located in the Carefirst Family Health Team lobby or by post:**

**2/F1., 300 Silver Star Boulevard,  
Scarborough, Ontario, Canada M1V 0G2**

**By Fax:** (905) 695-0826

**By Email:** [info.fht@carefirstfht.com](mailto:info.fht@carefirstfht.com)

**For enquiries, please call:** (416) 502-2029 Scarborough / (905) 695-1133 Richmond Hill