

## ⌘ Hazel Burns Hospice

### Complaint Form for the Client

Procedures for initiating complaints: Complete the form below and submit it to your Case Manager or submit it directly to Hazel Burns Hospice.

Client Name: \_\_\_\_\_

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

Hazel Burns Hospice, in accordance with the Long Term Care Act offers its Clients and Caregivers an opportunity to initiate complaints if dissatisfied with the services/programs offered or with the individual(s) providing the service. A complaint can also be made to request an explanation for the termination of service initiated by Hazel Burns Hospice.

Please indicate below the reason for this complaint:

- To request an explanation for the clients' non-eligibility to receive services
- To request an explanation for the Hospice's decision to exclude a particular service from the Plan of Care
- To request an explanation for the termination of service(s) initiated by Hazel Burns Hospice
- Dissatisfied with the quality of services provided by the Hospice
- Violation of a person's rights as set out in the Bill of Rights, subsection 3(1)

(This includes all complaints of harassment or abuse against the client.)