

Home and Community Care - Patient/Caregiver Appeal Form

Patient Name: _____

Address: _____

Telephone / Email: _____

Name of Person
Completing Form: _____

Summary of Complaint/Concern:

Consent to Release of Information and Commencement of Appeal (to be completed by patient or Substitute Decision Maker where required):

I _____ hereby request a formal review of my complaint/concern with Home and Community Care Support Services Central East. I consent to the release of information from my record to all parties involved in the appeal, whether representatives of myself or representatives of Home and Community Care Support Services Central East, which may include Service Providers.

Signature

Date

Please complete form and return to Lisa Burden, Vice President, Home and Community Care, Home and Community Care Support Services Central East, 920 Champlain Court, Whitby, Ontario L1N 6K9 or fax to (905) 444-2530. Home and Community Care Support Services Central East shall investigate every complaint received and inform patients of the appeal process to address complaints concerning those criteria set out in current legislation.