

COMPLAINT FORM

Please complete the following form. If you have questions or require assistance to complete the Complaint Form, contact the RHRA at 1-855-ASK-RHRA (1-855-275-7472) and speak with an Intake Representative.

Section 1: Complainant Information

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

- a) Are you a resident? Yes No
- b) If you are a resident, is the complaint about something that happened:
 to you?
 to another resident?
- c) If you are not a resident, are you making the complaint on behalf of a resident?
 Yes No
- d) If you are making the complaint on behalf of a resident, what is your relationship with the resident?

NOTE: If you are making this complaint on behalf of a resident, or if your complaint relates to a resident, the RHRA may need a signed authorization from the resident in order to proceed with the complaint. The authorization is available on the [RHRA website](#)

If you are the substitute decision-maker for the resident, the resident may not need to sign the authorization form. Please contact the RHRA at 1-855-ASK-RHRA (1-855-275-7472) and speak with an Intake Representative.

Section 2: Retirement Home Information

Name of Facility: _____

Address: _____

Phone Number: _____

Section 3: Resident Information

Please provide the name, room number and telephone number (if known) of the resident or residents who are the subject of the complaint.

Resident Name: _____

Room Number: _____ Phone Number: _____

Section 4: Details of Complaint (Please add additional pages as needed)

Please describe your complaint below including the information requested below:

- A. the details of your complaint: the what, when, who, how, where and why of what happened/is happening;
- B. whether anyone witnessed what you are complaining about. If so, tell us their names and contact information, if you have that information;
- C. any efforts you have made to resolve your complaint and the home's response (if any); and
- D. what you hope will happen as a result of your complaint.
- E. list and attach copies of other relevant information (as applicable). Please do not provide original documents.

Section 5: Survey Consent

By checking this box, I am agreeing to the RHRA sharing some or all of the information and documents that it receives from me with a third-party surveying company, Innovative Research Group Inc.

I am also agreeing to the third-party surveying company contacting me by phone for the purpose of providing feedback for improvements to the RHRA's operational processes. I am aware that if I do – or do not – check this box, it will have **no impact whatsoever** on the processing or determination of my complaint.

I agree to participate in the survey: Yes No

Section 6: Acknowledgement, Consent & Signature

I have read and I understand the following:

- I understand the RHRA may share some or all of the information and documents that it receives from me and other parties with the retirement home complained about.
- I agree to the RHRA sharing and providing copies of information and documents it receives from me with the retirement home complained about.
- I understand that the RHRA may not be able to process my complaint without supporting documents.
- I have attached copies of documents that relate to my complaint.

Date Signed

Signature of Complainant

Completed forms may be mailed/faxed or emailed to:

Retirement Homes Regulatory Authority
Attention: Complaints Intake

55 York Street, Suite 700
Toronto, ON MJ5 1R7

Fax: 1-855-631-0170

Email: info@rhra.ca