
GENERAL INSTRUCTIONS

How to Submit a Complaint

If you have a concern about a retirement home in Ontario, please complete this Complaint Form and submit the form to the RHRA by email or fax. If you have questions or require assistance to complete this form, contact the RHRA at 1-855-ASK-RHRA (1-855-275-7472) and speak with an Intake Representative.

While completing this form, you may:

- 1) View definitions by hovering over words or phrases that appear in **orange**
- 2) Access other resources by clicking resource names that appear in **blue**

The RHRA's complaint process starts upon receipt of a written complaint that includes the writer's signed consent.

The RHRA acknowledges receipt of your complaint, and will be in touch regarding the complaint and to provide further information about the complaint-handling process.

Authorization

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.

Please see the Complainant Information section of this form for authorization requirements.

The Authorization Form is available on the RHRA website or by **clicking here**.

For any questions related to authorization or if unable to obtain authorization required, please contact the RHRA at 1-855-ASK-RHRA (1-855-275-7472) and speak with an Intake Representative.

HOW TO SUBMIT THE COMPLAINT FORM

The completed form may be mailed/faxed or emailed to:

Retirement Homes Regulatory Authority

Attention: Complaints Intake

55 York Street, Suite 700

Toronto, ON M5J 1R7

Fax: 1-855-631-0170

Email: info@rhra.ca

Once you complete this form, you may create an email directed to info@rhra.ca with the completed form attached by clicking the **Submit Form** button included at the end of this form.

COMPLAINANT DETAILS

First Name: _____ Last Name: _____

Mailing Address: _____ Phone Number: _____

Email Address: _____

How do you prefer to communicate with the RHRA? Phone Email

COMPLAINT INFORMATION

I am a resident. No additional documentation is required.

I am not a resident. Please see additional documentation requirements described below.

If you are making the complaint on behalf of a resident, what is your relationship with the resident?

Relationship: _____

NOTE: If you are not a resident, please note that the RHRA is unable to share any personal information about the resident unless the following additional documents are provided:

If the resident is capable¹ – Please provide an **Authorization Form** signed by the resident.

If the resident is not capable¹ – Please provide the appropriate Power of Attorney (POA) or Guardianship documentation. Please note: depending on the nature of the complaint (e.g. health related or financially-related complaints), the RHRA may require either the POA for Personal Care or POA for Property documentation to share the resident’s personal information. If you are not the resident’s Attorney or Guardian, please also provide an **Authorization Form** signed by the Attorney/Guardian.

If the resident is deceased – Please provide documentation of the resident’s Estate Trustee, either the resident’s Will or the Certificate of Appointment of Estate Trustee. If you are not the resident’s Estate Trustee, please also provide an **Authorization Form** signed by the Estate Trustee.

The **Authorization Form** is available on the RHRA website or by **clicking the form name**.

¹The legal capacity to make their own decisions.

RETIREMENT HOME INFORMATION

Name of Retirement Home:

Address:

Phone Number:

RESIDENT INFORMATION

Resident Name:

Room Number:

Email Address: (if known)

Phone Number: (if known)

Does the resident still reside at the home? Yes No

If applicable, you may add a second resident name below.

RESIDENT INFORMATION

Resident Name:

Room Number:

Email Address: (if known)

Phone Number: (if known)

Does the resident still reside at the home? Yes No

DETAILS OF COMPLAINT

Please describe the details of your complaint and any concerns - provide the what, when, who, how, where and why of what happened/is happening. You may also attach a separate letter describing your complaint.

If anyone witnessed the events described in your complaint, please provide their name and contact information:

Witness Name: _____

Email Address: (if known) _____

Phone Number: (if known) _____

If applicable, you may add names of other witnesses below.

Witness Name: _____

Email Address: (if known) _____

Phone Number: (if known) _____

Witness Name: _____

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Email Address: (if known) _____

Phone Number: (if known) _____

Have you attempted to resolve your concerns with the home? Yes No

Have you submitted a formal complaint related to this situation to any other regulatory bodies, such as the College of Nurses of Ontario, College of Physicians and Surgeons of Ontario, Landlord and Tenant Board, etc.?

Yes No

Please describe any efforts you have made to resolve your complaint and the home's response (if any):

What do you hope will happen as a result of your complaint?

Please list any supporting documents being provided: (Attach to email or include with submission)

ACKNOWLEDGEMENT

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.

CONSENT AND SIGNATURE

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.

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.

Name of Complainant: _____

Date: _____

By writing my name, I hereby understand and agree to all of the terms outlined above.

To create an email with this completed form attached, save the form then click **SUBMIT FORM**.