



# COMPLAINT FORM

Everest SurgiCentre is dedicated to delivering the highest standard of patient care. Please fill out all sections of this form and return it to us. Should you require any assistance in completing the complaint form, please do not hesitate to reach out to us. For our contact information, please refer to page 3.

**This form is exclusively intended for patients who have undergone cataract surgery at Everest SurgiCentre.**

If you have not undergone cataract surgery at Everest SurgiCentre and wish to submit a complaint, please contact us via email at [complaint@focuseye.com](mailto:complaint@focuseye.com).

## 1. Contact Information

|   |           |  |
|---|-----------|--|
| First Name  | Last Name | Preferred Language<br><input type="checkbox"/> English <input type="checkbox"/> French |
| Address   |           |  |
| Phone   | Email     | Date of Birth  |
| Are you making this complaint on behalf of someone else?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                  |           |  |
| <b>If yes, please provide the following information about the patient.<br/>If no, skip to Section 2: Contact Preferences</b>          |           |  |
| First Name  | Last Name | Preferred Name (Optional)  |
| Address   |           |  |
| Phone   | Email     | Date of Birth  |
| Did the patient, former patient or client ask you to make this complaint?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |           |  |

## 2. Contact Preferences

**Please check preferred contact method.**

Phone  Email

Note: Focus Medically Ancillary Inc. cannot guarantee the privacy or security of information shared using email. By selecting this option, you confirm that you understand and accept the risks.

## 3. Surgical Information (REQUIRED)

|                          |                    |
|--------------------------|--------------------|
| Date of Cataract Surgery | Treating Physician |
|--------------------------|--------------------|

## 4. Health Organization Information

|   |  |
|---|--|
| Organization Name   | <b><i>FOCUS MEDICAL ANCILLARY INC. EVEREST SURGICENTRE</i></b> |
| Address<br><b><i>1105 Carling Avenue, Ottawa ON K1Y 4G5</i></b> |  |
| Phone   | Email  |
| <b><i>(613) 724 3937</i></b>                                    | <b><i>INFO@FOCUSEYE.COM</i></b>                                |

Please describe your complaint. Tell us what happened; who was involved; when and where it happened; when you became aware of the problem; the main issues with which you are concerned. Feel free to continue using additional pages.

What would you like to happen to resolve your complaint? For example, additional information, change to a policy, review of systems and processes etc.

Have you attempted to resolve your complaint directly with a staff member of Focus Medical Ancillary - Everest SurgiCentre?

No

Yes

If yes, please describe what resolution(s) the staff member suggested.

|  |                    |
|--|--------------------|
| <p>Personal information on this form is collected by Focus Medical Ancillary Inc. and staff of Focus Medical Ancillary Inc. Information is used to contact you and to attempt to facilitate a resolution of a complaint that occurred during and/or after your surgical procedure at Everest SurgiCentre.</p> <p>I assert that the patient or the patient’s substitute decision-maker is aware of this complaint to Everest SurgiCentre.</p> |                    |
| <b>Signature of Complainant</b>  | <b>Date Signed</b> |
|  |                    |

**Once you have completed and signed this complaint form, please send it to our office using one of the methods below:**

**(a) EMAIL to:**           complaint@focuseye.com

**(b) IN-PERSON :**       **Tuesday to Friday 8am to 4pm**  
 Jennifer Kearns, Director of Operations  
 1105 Carling Ave, Ottawa ON K1Y 465

Please note that it is an important aspect of our Patient Relations process that with every complaint, we consider what we can do to prevent a particular situation from recurring.

Our aim is to acknowledge the complaint within 10 days; however, it can take up to 3 months for a complete investigation and formal response of the complaint.

When our review is complete, we will get back in touch to share the results.

If you are having difficulties completing the form or have questions, you can contact us by telephone Monday to Friday from 8 a.m. to 4 p.m.

**Telephone: (613) 724-3937 (Jennifer Kearns, Director of Operations)**