Thunder Creek Rehabilitation Association:

Client, Stakeholder & Public Complaint Form

Thunder Creek Rehabilitation Association (TCRA) takes complaints seriously and will investigate any submitted written complaints. Depending on the complexity of the complaint, investigation may take several months.

Typically the complaint investigation process is as follows:

- the complainant addresses their concerns with the parties involved;
- if unsatisfied, the complainant completes this form, providing as much detail as possible, and submits the form to the Director responsible for the facility/service in which the complaint relates to, or to the Executive Director;
- the Director or Executive Director will review all of the information and conduct an investigation. Contact with other parties may be necessary;
- once investigation concludes, the Director or Executive Director will notify the complainant either verbally or in writing the outcome of the investigation (e.g., actions that may or may not be taken to address the complainant, reasoning behind actions/non-actions).

Please complete the following to submit a formal written complaint:

First Name: _____ Last Name: _____

Phone # to Call: _____ Phone # to Text: _____

Mailing Address: _____

Email: _____ ☐ N/A

Best way to contact you ☐ Text ☐ Phone Call ☐ Email ☐ Other

If by phone, best time of day to contact you? ☐ Morning ☐ Afternoon

Representation (please choose one of the following):

☐ This is my compliant and I am the contact person

☐ I am representing a person with a complaint

☐ This is my complaint, and I am being represented by someone else

Name of Representative (if applicable): _____

Which facility/service is your complaint regarding?

- ☐ Wakamow Place 1
- ☐ Wakamow Place 2
- ☐ Independent Living
- ☐ Addictions Community Outreach Support Services (ACOSS)
- ☐ TCRA Cottages
- ☐ Wakamow Manor Social Detox
- ☐ McNiven Manor
- ☐ Mental Health Outreach
- ☐ Administration/OOS/Board Directors

Please provide a summary of your complaint:

Use the space above to identify your concerns paying particular attention to details such as individuals involved, date, time, witnesses to the incident and issue(s) (food, environment, care, resident rights and privileges/conflict of interest, etc.). Please use additional pages if you need more space.

Please share with us any attempts made to resolve the complaint informally before this formal submission: *(if possible, include the date, location and name of the person you tried to address your concern with)*

What are your expectations regarding investigation of this complaint?

Do you require additional supports regarding the submission and/or follow-up of your complaint? *(e.g., interpretive services)*

Confidentiality

Thunder Creek Rehabilitation Association (TCRA) is committed to protecting your privacy and handling all personal and personal health information in accordance with *The Health Information Protection Act (HIPA), Saskatchewan.*

Every reasonable effort will be made to respect and maintain your confidentiality, where requested. However, during the course of the investigation, your identity and/or personal or personal health information may need to be disclosed to, or reasonably inferred by, the TCRA Board of Directors, legal counsel, or other relevant parties, strictly on a need-to-know basis, where such disclosure is required to ensure administrative fairness, fulfill legal obligations, or properly investigate and resolve the complaint.

By completing and signing this form, you are providing informed consent for TCRA to collect, use, and disclose your personal and/or personal health information for the purposes of receiving, investigating, addressing, and resolving the complaint, including any related follow-up actions or legal proceedings, in accordance with HIPA.

If you have chosen to appoint a representative, or if you are submitting this complaint on behalf of a client, a completed **Release of Information** form, signed by the client, must be provided. This form authorizes TCRA, in accordance with HIPA, to communicate with the identified representative regarding matters related to this complaint.

Printed Name

Signature

Date

Please submit by mail to:	Please submit by email to:
CONFIDENTIAL Attention: TCRA Executive Director P.O. Box 372 Moose Jaw, Saskatchewan S6H 4N9	Chad.topp@saskhealthauthority.ca