

By signing below, I consent to the sharing of my compliment, concern or complaint to the most appropriate area of FFTAHS for follow-up.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Compliments, Concerns & Complaints:**

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**OUR LOCATIONS**

**Nursing Unit and Administration**

1460 Idylwild Drive  
807.274.2042 (Phone)  
807.274.2050 (Fax)

**Behavioural Health Services**

601 Kings Highway  
807.274.9839 (Phone)  
807.274.3211 (Fax)

**MAILING ADDRESS**

Fort Frances Tribal Area  
Health Services  
P.O. Box 608  
Fort Frances, Ontario P9A 3M9

**WEBSITE**

www.ffahts.com

**VISION STATEMENT**

Mino ayawin (good health).

**MISSION STATEMENT**

We are a centre of excellence and a leader in innovative health care guided by the Seven Grandfather teachings of the Anishinaabe inspiring knowledge, strength and empowerment for the purpose of lifelong Mino ayawin (good health).



Fort Frances Tribal Area  
**HEALTH SERVICES**

# Compliments, Concerns & Complaints

## **MINO AYAWIN (GOOD HEALTH)**

*Fort Frances Tribal Area Health Services wants to make every encounter with clients and families an opportunity for quality improvement.*

Fort Frances Tribal Area Health Services (FFTAHS) values and encourages the feedback of service users and community members about the programs and practices of the organization.

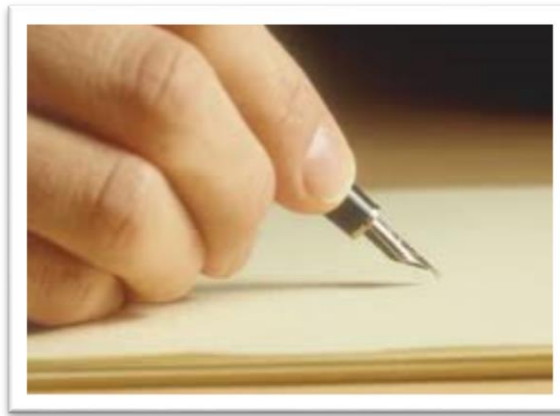
### What is the first step?

Compliments, concerns, and complaints are best addressed and resolved at the time and place they occur. FFTAHS encourages individuals to deal direct with any presenting problems. If you have a compliment, concern or complaint, contact the person who provided the service or the supervisor of that team.

If you wish to write, please use the space provided on the back page of this brochure and attach additional pages if required. It can be left with any FFTAHS staff member or mailed to the mailing address on the back of this form.

### What can I expect if I file a complaint?

Any service area will record and manage your complaint in a prompt and fair manner. We will work with you towards a resolution by connecting with the appropriate members within your circle of care and investigate your concern.



We will try to achieve this in a timely manner and provide you with an explanation of decisions and actions taken as a result of your complaint.

### Who else will know about my complaint?

Your privacy and confidentiality will be respected and protected. If you don't wish to provide your name, you don't have to. However, it does make it difficult to investigate concerns if we cannot follow up with you.

FFTAHS acknowledges the need to maintain a healthy, respectful balance between the public and service providers in an effort to provide safe, quality care.

By being accountable and transparent, FFTAHS will enhance trust in the health service system.

All written submissions will be acknowledged in writing by the Executive Director.

