Queensway X-ray & Ultrasound

21 Queensway West, Suite # 107
Mississauga, ON L5B 1B6
Ph: (905) 897-6970 | Fax: (289) 722-2023

Patient Complaint Form

Patient Information:

Patient Name:

Date of Birth:

OHIP Number:

Current Address:

Phone Number (main):

E-mail Address:

Nature of Complaint:

☐ Appointment scheduling ☐ Staff conduct ☐ Clinic Operations ☐ Billing/Finance

Date & Time of the incident:

Type of exam/service provided: ☐ X-ray ☐ Ultrasound ☐ BMD ☐ Mammography

Details account of events:

What would you like to happen to resolve your complaint? For example, an apology, additional information, change to a policy, etc.

I understand that, in investigating my complaint, the clinic staff may need to access and review my health records, and I acknowledge that any information obtained will remain confidential. I also understand that submitting this complaint will not affect current or future care I receive from the clinic in any way.

Patient Signature: ________________________ Date: __________________________

Please E-mail or fax completed form to info@xray365.ca or 1-289-722-2023. You should receive a response within 10 days (if complaint alleges harm or risk of harm, it will be investigated immediately).