GENERAL INSTRUCTIONS

Submitting a Complaint to RHRA

Do you have a concern related to a licensed retirement home in Ontario? If so, you've come to the right place. We're here to help!

This form is used to collect information from you so that RHRA can look into your complaint and follow-up with you (we look into every complaint we receive). We will also give you details about the complaint process and any next steps.

Include as much information as you have or are comfortable providing. To help you complete and understand this form, some words or phrases are marked with a dashed underline to indicate that definitions are available. The definitions are available in the section below:

- **Resident(s):** A person who lives in a licensed retirement home.
- **Retirement Home:** A residential complex or part of a residential complex which has been licensed to operate as a retirement home by RHRA.
- **Substitute Decision Maker (SDM):** A person who is legally authorized to make a decision or to give or refuse consent on behalf of another person when required. This could, for example, include a Power of Attorney (POA).

To help make it easier for you, we've included instructions below for each section. If you have questions or want us to help you fill out this form, just give us a call: 1-855-ASK-RHRA (1-855-275-7472).

HOW TO SUBMIT THIS FORM

The completed and saved form may be mailed, faxed, or emailed:

Email

Once you have completed the form, save it to your computer and email it to info@rhra.ca.

Fax

1-855-631-0170

Mail

Retirement Homes Regulatory Authority
Attention: Complaints Intake
55 York Street, Suite 700
Toronto, ON M5J 1R7

AUTHORIZATION

Are you a retirement home **resident** making a complaint about your care or experience in a **retirement home**? If so, you can skip this section and go to the 'Information about Person Submitting this Complaint' section.

Sometimes complaints contain information about a resident that is personal, such as health information. To protect the rights and privacy of retirement home residents, you may need to fill out one or more forms. Please see below:

If you are not a resident, RHRA can't share any personal information about the resident unless one of the following documents is provided (these documents can be found in the red icons below):

Authorization Form ↗

Third Party Consent - POA: Resident is not capable ↗

Third Party Consent - Executor: Resident is deceased ↗

- If the resident is capable* - Please provide an Authorization Form signed by the resident.
- If the resident is not capable* - Please provide the appropriate Power of Attorney (POA) or Guardianship document. Please note: depending on the nature of the complaint (e.g. if it involves personal health information, such as care services being received, or financial-related information), RHRA may need the POA for Personal Care or POA for Property document 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. This can be 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.

* Capable means that the resident is legally able to make their own decisions.

Note: Residents who are capable but whose first language may not be English or French, or may need assistance communicating, can give their verbal consent over the phone to have a family member or loved one assist with providing information to RHRA about the complaint.

Before filling out the rest of this form, please take a moment to check that you have filled out and signed the necessary authorization forms mentioned above that correspond to the resident's status. You only have to do this if you are making this complaint on behalf of a resident. Please know that even if you do not attach additional forms, we will still move forward with reviewing your complaint.

If you have any questions about the authorization forms, please feel free to give us a call at 1-855-ASK-RHRA (1-855-275-7472) and someone can help you.

INFORMATION ABOUT PERSON SUBMITTING THIS COMPLAINT

AUTHORIZATION

I understand that, under the authority of the Retirement Homes Act, 2010, the RHRA may collect and use information relevant to the complaint I am submitting, including the personal health information of the resident(s) involved, from the retirement home complained about, health care professionals, or other individuals who may have relevant information, for the purposes of reviewing, inquiring into, and processing, this complaint. The RHRA may share and provide information and documents it collects through the complaints process, including the personal health information of the resident(s) involved, with the retirement home complained about, and in some circumstances as appropriate, with other relevant regulatory and law enforcement agencies (e.g. police, College of Nurses of Ontario, Office of the Chief Coroner, etc.). The information collected by the RHRA in processing this complaint will be used and retained in compliance with the RHRA's Access and Privacy Code.

◯ **I confirm**

The first step is to let us know who you are and how to contact you. We will need your first and last name and your email address. If you do not have an email address, just provide your phone number and we will call you.

If you're comfortable providing more information about where you live, please provide us with your mailing address. Your address will be used to mail any correspondence and a copy of the decision if that is your preferred way for us to communicate with you.

First Name: _____ Last Name: _____

Mailing Address: _____ Phone: _____

Email Address: _____

How do you prefer to communicate with the RHRA: ◯ Email ◯ Phone

INFORMATION ABOUT THE COMPLAINT

◯ I am a **resident**. No additional documentation is required.

◯ I am not a resident. Please see the additional documentation required, as described under the Authorization section.

Please tell us how you know the resident if you are making this complaint on their behalf.

Relationship: _____

RETIREMENT HOME INFORMATION

Now we need some information about the **retirement home** you have a complaint about.

Name of Retirement Home:

Address: Phone Number:

RESIDENT INFORMATION

In this section, please let us know more about the **resident** that this complaint relates to. It's OK if you don't know the suite number, whether the resident is in a subsidized suite (meaning they receive financial help from the government, a hospital or other program to pay for their suite) or other information - just fill out as much as you can. We will contact you for more information if needed.

Resident Name: Suite Number:

Email Address: (if known) Phone Number: (if known)

Does the resident still reside at the home? ◯ Yes ◯ No

If you know whether the resident is in a subsidized suite (meaning they receive financial help from the government, a hospital or other program to help pay for their suite) please indicate the source of funding/ subsidy below. If you do not know, please leave this field blank.

Source of funding or subsidy:

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

ADDITIONAL RESIDENT INFORMATION (if applicable)

You only need to fill out this section if there was more than one resident involved or impacted by this complaint. If you are not comfortable or do not know if other residents were involved, you can leave this section blank.

Resident Name: Suite Number:

Email Address: (if known) Phone Number: (if known)

Does the resident still reside at the home? ◯ Yes ◯ No

If you know whether the resident is in a subsidized suite (meaning they receive financial help from the government, a hospital or other program to help pay for their suite) please indicate the source of funding/ subsidy below. If you do not know, please leave this field blank.

Source of funding or subsidy:

DESCRIPTION OF YOUR COMPLAINT

Let us know what your complaint is about. Please provide as much detail as you can – this could include what happened, when it happened, who was involved or impacted, where in the retirement home it happened (e.g., in your suite, in the dining room) and any reasons you think it happened. You may also attach a separate letter describing your complaint.

Did you try to resolve your complaint with the **retirement home**? ◯ Yes ◯ No

Have you sent a complaint to another organization that regulates those who provide care services to residents in retirement homes or is responsible for issues such as rent, like the Landlord and Tenant Board?

◯ Yes ◯ No

Now, if you have tried to resolve this complaint with the retirement home, let us know what you did and how the retirement home responded to you. Please also let us know what you hope will happen as a result of your complaint.

If you want to attach any other documents that will help us better understand the reason for your complaint, please list the documents below. These documents could be emails with the home's management, a tenancy agreement or photos that show what your complaint is about. These documents are to be included and attached to your submission.

WITNESS INFORMATION

If there is anyone who witnessed the events you described, please provide their name and contact information. If you are not comfortable providing this information or don't know, you can leave this section blank.

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: _____

Email Address: (if known) _____ Phone Number: (if known) _____

ACKNOWLEDGEMENT AND CONSENT

These are the last steps. The complaint process will begin as soon as you let us know you are comfortable with the acknowledgement.

ACKNOWLEDGEMENT

This section will give us your consent to contact the retirement home to share information about your complaint.

- I understand 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 RHRA sharing copies of information and documents it receives from me with the retirement home complained about. I understand that RHRA may not be able to help if not enough information is provided in this form or by email/telephone.
- Only applies if you've attached additional documents: I have attached copies of documents about my complaint.

☐ **BY CHECKING THIS BOX, I CONSENT TO THE ABOVE.**

NOTICE

RHRA's Information Access and Privacy Code applies to the information provided to RHRA through this form. The **Information Access and Privacy Code** is available on RHRA's website. RHRA will restrict its use of any personal information or personal health information collected through this form for the purpose of carrying out its duties under the Retirement Homes Act, including responding to the report and communicating with the person who made the report.

Name of Complainant: **Date:**

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

After completing the form, please save it to your computer. You can then choose to mail, fax, or email it to **info@rhra.ca**.

If you have any questions about RHRA's complaint process or would like to contact us, please call 1-855-ASK-RHRA or email **info@rhra.ca**. If it's after regular business hours, an RHRA staff member will return your call or email as soon as possible.

SAVE FORM