



One of our core values that guides our work is to treat all people with compassion, respect and fairness.

You can help us live this value and improve our services by providing your feedback whether it be good or bad.

Contact information

www.healthpei.ca/compliments-complaints

Health PEI
c/o Quality and Patient Safety
16 Garfield Street
PO Box 2000
Charlottetown, PE
C1A 7N8



Health PEI
One Island Health System

Compliments and Complaints



Health PEI
One Island Health System

Health PEI strives to make every contact with patients and families an opportunity for quality improvement.

What is the first step?

Compliments and complaints are best addressed and resolved at the time and place they occur. If you have a compliment or a complaint, contact the person who provided the service or the manager of that area.

If you wish to write your compliment or complaint please use the space provided on the back page of the brochure. It can be put in the comment box within the service area, or mailed to Health PEI.

If you wish to submit your compliment or complaint online, complete a feedback form at www.healthpei.ca/compliments-complaints.



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 health care providers and investigating 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 completely investigate concerns if we can not follow up with you.

Health PEI strives to obtain a healthy, respectful relationship between the public and health care providers in an effort to provide safe, quality care.



Health PEI strives to enhance trust in the health care system by demonstrating accountability and transparency.

Patients and families are invited to express compliments or complaints about the health care services they receive throughout Health PEI.



I consent to the sharing of my question, concern or compliment to the most appropriate area of Health PEI for follow-up.

Yes No

Date: _____

First Name: _____ Last Name: _____

Phone number: _____

Compliment, Complaint, Question or Feedback: _____

