ᑲᑐᑎᓗᒍ ᓄᓇᕗᑦ ᐱᕈᖅᐸᓕᐊᑎᓪᓗᒍ
Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

Office of
Patient Relations
Here for you

SURVEY

Tell us How We Did in Managing Your Concern

Was it easy to file your concern with the Office of Patient Relations?

Circle the correct number to show the quality of services you received. Comments are optional.

Excellent **1** Very Good **2** Good **3** Fair **4** Poor **5**

Comments: _____

How did you file your concern?

Please circle one answer.

Email Phone Regular Mail Filled out Form

Did we acknowledge receipt when you filled your concern within 48 hours?

☐ Yes ☐ No

Comments: _____

If not, approximately how long did it take to acknowledge receipt of your concern once it was filed?

_____

How would you rate the Office of Patient Relations in its management of your concern, keeping you informed of the process, where you were at in the process, and liaising with you and between the department?

Circle the correct number to show the quality of services you received. Comments are optional.

Excellent **1** Very Good **2** Good **3** Fair **4** Poor **5**

Comments: _____

How would you rate your satisfaction with the outcome of the resolution?

Circle the correct number to show the quality of services you received. Comments are optional.

Excellent **1** Very Good **2** Good **3** Fair **4** Poor **5**

Comments: _____

How would you rate the efficiency of the Office of Patient Relations in relation to the time it took to come to a resolution between you and the Department of Health?

Circle the correct number to show the quality of services you received. Comments are optional.

Excellent **1** Very Good **2** Good **3** Fair **4** Poor **5**

Comments: _____

How would you rate you and your involvement in the decision making to address your concern?

Circle the correct number to show the quality of services you received. Comments are optional.

Excellent **1** Very Good **2** Good **3** Fair **4** Poor **5**

Comments: _____

Good Experiences

Please tell us about the positive experiences you had in working with the Office of Patient Relations.

Areas of Improvement

If you have any suggestions to improve the Office of Patient Relations please provide comments.

Please email, or mail back your confidential survey to the Office of Patient Relations. You can also drop the survey off to your closest health centre in a sealed envelope marked (OPR Survey) with our address, and the Department of Health will forward your confidential survey to the following address.

Contact Us

Office of Patient Relations
Department of Health
P.O. Box 1000, Station 1000
Iqaluit, Nunavut X0A 0H0

1-855-438-3003 patientrelations@gov.nu.ca

For more information go to:

www.patientrelations.gov.nu.ca