



COMPLAINANT			
<input type="checkbox"/> Patient <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Concerned Individual	Contact Name		
	Contact Phone Number		
	Contact Email		
COMPLAINT			
Date of Offence		Time of Offense	
Date of Report		Time of Report	
Concern	What Happened?	Who Was Involved?	
1			
2			
3			
4			
5			
Was the issue raised verbally to a member of the patient's care team or the most appropriate supervisor?			<input type="checkbox"/> YES <input type="checkbox"/> NO
What outcome are you seeking from our investigation of this complaint?			
Date Receipt Confirmed with Complainant: _____			
<input type="checkbox"/> Confirm Within 24 Hours			
Date Complainant Advised of Review Process: _____			
CLINIC USE ONLY			
Consent Required or Obtained			
<input type="checkbox"/>	Patient consent to access or release		
<input type="checkbox"/>	Employee consent for access of release		
Information Required for Complaint Assessment			
<input type="checkbox"/>	Health records		
<input type="checkbox"/>	Treatment Records		
<input type="checkbox"/>	Staff, contractor, or medical staff interview		
<input type="checkbox"/>	Policies or standards of care related to the concern will be identified.		
RESPONSE			
Concern	Steps taken to investigate the complaint(s)	Outcome of the investigation	Rational for each decision made to address the complaint(s)
1			
2			
3			

4			
5			
Date of Response			
Decision Maker	Name		
	Title		
	Phone Number:	(888) 720-6040 or (780) 245-2362	
	Business Address:	#1155 5555 Calgary Trail NW, Edmonton or 734 42 Ave SE, Calgary	
	Email Address:	<a href="mailto:rev@atmacena.com">rev@atmacena.com</a> or <a href="mailto:info@atmacena.com">info@atmacena.com</a>	
Escalation			
<p>If the response to the complaint does not resolve the issue, the complainant shall be advised of appropriate options available to them for further review. The complaint will be escalated to the next level of accountability, as defined by our <i>Quality Management System</i>, who will make further attempts to resolve the issue.</p> <p style="text-align: right;"><input type="checkbox"/> Report Externally To: _____</p>			
Abuse	<p>ATMA CENA Psychedelic Healthcare Solutions personnel who have reasonable grounds to believe that a patient has been abused during the provision of psychedelic drug treatment services are responsible for initiating our Incident Response protocol and completing an Incident Report.</p>		
<p><i>Non-conforming event management processes used to investigate and analyze complaints for trends and patterns are used to implement corrective actions.</i></p>			
<b>CONFIRMATION OF REVIEW</b>			
Quality Advisor/ Manager	_____	_____	_____
	Quality Advisor	Quality Advisor Signature	Date
Operations Manager	_____	_____	_____
	Operations Manager	Operations Manager Signature	Date
Medical Director	_____	_____	_____
	Medical Director	Medical Director Signature	Date
Chief Executive Officer	_____	_____	_____
	Chief Executive Officer	CEO Signature	Date
Quality Advisory Committee	_____	_____	_____
	QAC Signatory Name	QAC Member Signature	Date
Record Management			
Attach this complaint report to the:			
<input type="checkbox"/> Patient's Clinical Record			
<input type="checkbox"/> Employee Record ( <i>Personnel informed about the outcome of the review:</i> _____ ( <i>Date</i> ))			
<input type="checkbox"/> Quality Control System			

*\*Records will be kept of information collected and actions taken in accordance with our document management policies; contingent on the ensured confidentiality of others involved.*