



COMPLAINT FORM

To initiate a complaint, please print out this form and fill in areas required. Mail the form to the College with a brief outline of your concerns (see section D). We cannot accept complaint forms electronically. See below for address.

A. Person Registering Complaint

Last Name

First Name

Middle Names

Address:

Postal Code

Telephone:

Work telephone number:

E-mail address (if you wish to receive confirmation of receipt of your complaint via email):

If you are not the patient, please describe your relationship to the patient and provide details about the patient in Section B.: (Parent, spouse, child, relative, lawyer, friend, physician)



If your concerns involve more than 1 patient and/or physician, please attach additional pages.

B. Patient Information

Patient's Name:

Last Name

First Name

Middle Names

Address:

Postal Code

Telephone:

Work telephone number:

Date of Birth:

Date of Death:

Please note: If you are making a complaint on behalf of a patient, consent from the patient or the patient's legal representative to release medical information will be requested.

C. Physician You Are Complaining About

Please provide as much information as possible to assist us in identifying the physician

Physician's Name:

Last Name

First Name

Address:

Postal Code

Telephone:

Specialty:

Where did you see this physician?

 Hospital Office Walk-in Clinic Other (please specify)



D. Details of Complaint

On a separate sheet, please provide a brief outline of your concerns, including the following:

- Dates of treatment
- Location of treatment
- How you came to see the physician
- Why you are concerned about the physician's care, behaviour, etc.
- A description of any efforts you have made to resolve this matter with the physician or hospital, if relevant
- Names of other physicians you have consulted regarding this matter

Due to confidentiality issues, investigations must be conducted via paper mail.

If you would like to talk to someone about care or conduct of a physician or about the complaints process, please contact our Investigations and Resolutions department. Here's how:

Phone: (416) 967-2615 or 1-800-268-7096 ext. 615.

Email: investigations&resolutions@cpsy.on.ca

Mail:

**The Registrar
c/o Investigations and Resolutions Department
The College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario M5G 2E2**