

# Complaint Form



If you have concerns about an interaction with your doctor you should consider contacting the doctor to discuss the concern. Most doctors are willing to address a patient's concern directly.

If that is not possible or you are unsuccessful, you may either telephone the College to discuss your concerns or complete this form to make a formal complaint against the doctor.

## How to make a complaint

1. Complete this form in full.
2. Sign this form as indicated.
3. Mail or deliver the original form to:

CPSNL  
120 Torbay Road, Suite W100  
St. John's, NL  
A1B 2G8

## How we will resolve your complaint

1. Once your complaint form arrives, we will let you know in writing that we have it. We will send a copy of the complaint to the doctor and ask for his/her written response. We will then give you a copy of the doctor's comments and allow you to respond.
2. In some circumstances, with your consent and the consent of the doctor, the Registrar may attempt to resolve the complaint.
3. If your complaint cannot be resolved by the Registrar, it will go to the Complaints Authorization Committee for investigation. This Committee includes doctors and members of the public.
4. In some cases, the Committee will contact individuals and institutions who have information about your complaint. This may include witnesses. It will likely include getting a copy of your personal health records related to the complaint.
5. The Committee may dismiss the complaint, caution and/or counsel the doctor, or instruct the Registrar to refer the complaint to a public hearing. Another option available to the Committee is to refer the complaint for alternative dispute resolution, with your consent and the consent of the doctor.
6. If the complaint is referred to a hearing, a three-person tribunal is appointed to hear evidence from the College and the doctor and make a decision about the complaint. You may be called as a witness. The tribunal may dismiss the complaint or make orders such as restricting a doctor's practice, suspending their license or requiring re-training.

## Please Note

- The College cannot accept complaints about hospitals or individuals who are not doctors.
- The College will not give medical opinions, diagnosis, referrals, or treatment. We cannot direct a patient's care.
- The College cannot process complaints without notifying the doctor about the complaint and releasing all relevant information to the doctor.
- The College does not have the authority to give financial compensation to anyone.
- The College complaint process is separate from the civil court process.

## Your Contact Information

First Name:	_____	Last Name:	_____
Street:	_____	City/Town:	_____
Province:	_____	Postal Code:	_____
Telephone Home:	_____	Email:	_____
Cell:	_____		
Office:	_____		

## Patient's Contact Information

Only complete this section if you are making a complaint on behalf of someone else:

**Patient's Information**

First Name:	_____	Last Name:	_____
Street:	_____	City/Town:	_____
Province:	_____	Postal Code:	_____

Please describe your relationship to the patient (ie. parent/legal guardian, executor, power of attorney, authorized representative):

\_\_\_\_\_

\_\_\_\_\_

**Please provide either:**

- a copy of the legal documentation authorizing you to act on behalf of the patient or
- the patient's consent on the attached consent form.

For privacy reasons, the College cannot process a Complaint Form without appropriate authorization for you to act on a patient's behalf

## Authorization and Consent to Release Information

Complete this section if you are the person making the complaint and **you are also the patient.**

To whom it may concern:

I, the undersigned, hereby consent and authorize the release of information contained in any health records (including, but not limited to: hospital records, physician office records, pharmaceutical records and patient billing information) concerning myself to the College of Physicians and Surgeons of Newfoundland and Labrador:

Full name: \_\_\_\_\_

MCP #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Authorization and Consent to release Information for Another Individual

Complete this section if you are making a complaint **on behalf of the patient.**

To whom it may concern:

I, the undersigned, on behalf of the patient named below, hereby consent and authorize the release of information contained in any health records (including, but not limited to: hospital records, physician office records, pharmaceutical records and patient billing information) concerning the patient named below to the College of Physicians and Surgeons of Newfoundland and Labrador:

Patient's Full name: \_\_\_\_\_

Patient's MCP #: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the patient  
(i.e. legal guardian, executor,  
power of attorney, authorized  
representative)

*The section must be completed by the patient if you are not their legally authorized representative:*

I, the undersigned, hereby consent to the above named individual pursuing this complaint on my behalf with permission to receive all information relating to the investigation of the complaint including my medical information. I hereby consent and authorize the release of information contained in any health records (including, but not limited to: hospital records, physician office records, pharmaceutical records and patient billing information) concerning myself to the College of Physicians and Surgeons of Newfoundland and Labrador:

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

## Details of your complaint

### Name of Doctor

If you wish to make a complaint about more than one doctor please complete a separate form **for each doctor**.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Location

Please indicate the location where the incident occurred (ie. clinic office, hospital, etc.)

Location: \_\_\_\_\_

### Date(s)

Please indicate the date when the incident occurred. Be as specific as possible.

Date: \_\_\_\_\_

### Witnesses

Please provide the names of any other individuals who may have information regarding this complaint. Please provide details about the nature of their involvement (ie. physician, nurse, receptionist, witness) and what type of information they may be able to provide. Please note that the College may contact these individuals as a part of the investigation.

Name of Witness: \_\_\_\_\_

Contact information: \_\_\_\_\_

Details of their involvement: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Contact information: \_\_\_\_\_

Details of their involvement: \_\_\_\_\_

## Description

Provide a clear description of your complaint you have about the doctor. Please feel free to type these details on a separate page and attach it to your complaint form.

Please summarize **in point form** what the doctor did (or failed to do) that caused you to complain:

1.
2.
3.

Please list any efforts you have made to resolve the complaint and the outcome (ie. had a conversation with the doctor):

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What do you hope will happen as a result of your complaint? (ie. apology, explanation from the doctor, disciplinary action):

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The College has an alternative dispute resolution process where the College Registrar can attempt to resolve the complaint between the parties. If an agreeable resolution is reached between the parties, the complaint will be considered resolved. If a resolution cannot be reached, the matter will be referred to the Complaints Authorization Committee who will make a decision following an investigation.

Would you be agreeable to participating in an alternative dispute resolution process?

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## Acknowledgement and signature

By signing below, I confirm I have read and I understand the following:

- I am making a formal allegation against the doctor named in this Complaint Form;
- The College may investigate this allegation by obtaining my personal health information, interviewing witnesses, and requesting information from relevant sources;
- The College will provide the doctor with a copy of this Complaint Form and all relevant information (including copies of personal health records, if applicable) so that the doctor can properly respond to the allegation made against him/her;
- If this allegation proceeds to a hearing or the decision is appealed to court, information relating to my allegation will be required to be disclosed and I may be called as a witness to testify; and
- My failure to complete this form in full or participate in the investigation process may result in the allegation being dismissed due to lack of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised: January 2017