



COMPLAINT FORM

To initiate a complaint, please complete this interactive form, print out, and mail to the College at the address provided at the end of the form. The doctor will be notified of your complaint within 14 days of the College's receipt of your complaint. In the event of a Pandemic, the investigation of your complaint could be delayed.

A. Person Registering Complaint

Last Name

First Name

Middle Names

Address:

Street

Apt.#

City

Postal Code

Required Field

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:

Street Apt.#

City 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:

Street Suite #

City 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

Complaints can be sent by e-mail and should contain your contact information and your telephone number. After receiving the first e-mail correspondence, we will communicate with you by telephone and/or in writing. All correspondence from us will be sent by regular mail to preserve confidentiality.

If you would like to talk to someone about care or conduct of a physician or about the complaints process, please contact our Public Advisory Department. Here's how:

Phone: (416) 967-2603 or 1-800-268-7096 ext. 603.

Mail completed form to:

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

Or contact us by e-mail at: ir@cpso.on.ca