

# CPSNL 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:

College of Physicians and Surgeons of Newfoundland and Labrador 120 Torbay Road, Suite W100 St. John's, NL A1B 2G8
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## 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 your complaint to the doctor and ask for his/her written response. We will then give you a copy of the doctor's response 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 most 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 the personal health records which relate 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. If a resolution cannot be reached, the complaint will go back to the Committee.
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 medical doctors.
- The College cannot 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.

## 1) YOUR CONTACT INFORMATION

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First Name: _____	Last Name: _____
<b>Mailing Address</b>	
Street/ P.O. Box _____	City/Town: _____
Province: _____	Postal Code: _____
<b>Telephone/E-mail</b>	
Home: _____	Email: _____
Cell: _____	Other: _____

## 2) PATIENT'S CONTACT INFORMATION

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

<b><u>Patient's Information</u></b>	
First Name: _____	Last Name: _____
Street: _____	City/Town: _____
Province: _____	Postal Code: _____
Please describe your relationship to the patient: _____	
<b>The College cannot process a Complaint Form without appropriate authorization for you to act on a patient's behalf due to privacy reasons. Please enclose the appropriate documentation with your Complaint Form:</b>	
<u>Relationship</u>	<u>Documentation Required</u>
<i>Parent (of a minor child)</i>	<i>None</i>
<i>Legal Guardian</i>	<i>Supporting documentation</i>
<i>Executor or Power of Attorney</i>	<i>Supporting Documentation</i>
<i>Authorized Representative</i>	<i>CPSNL Consent Form (page 3 below)</i>
<i>Lawyer</i>	<i>CPSNL Consent Form (page 3 below)</i>

**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, doctor office records, pharmaceutical records and patient billing information) concerning myself to the College of Physicians and Surgeons of Newfoundland and Labrador:

**Please complete in full:**

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, doctor office records, pharmaceutical records and patient billing information) concerning the patient named below to the College of Physicians and Surgeons of Newfoundland and Labrador:

**Please complete in full:**

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

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

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

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

\_\_\_\_\_  
Date

The section must be completed by the patient if you are not otherwise authorized to represent them:

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, doctor 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

### 3) DETAILS OF YOUR COMPLAINT

#### Doctor

Please identify the doctor about whom you are making this complaint. If you wish to make a complaint about more than one doctor please complete a separate form ***for each doctor***. The College cannot accept complaints about hospitals or individuals who are not medical doctors.

Doctor's Name: \_\_\_\_\_  
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(s) when the incident occurred. Be as specific as possible.

Date(s): \_\_\_\_\_

#### 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. doctor, nurse, receptionist, family member) 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: \_\_\_\_\_

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

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

\_\_\_\_\_

#### Family Doctor

Please indicate the name of the patient's family doctor (if he/she is not the doctor who is the subject of this complaint).

Family Doctor: \_\_\_\_\_

**Your Complaint**

Provide a clear description of the complaint you have about the doctor in as much detail as possible.

Please feel free to type these details on a separate page and attach it to your complaint form.

Summarize **in point form** what the doctor did (or failed to do) that caused you to make this complainant. This section is **required** as it assists the College in understanding your concerns.

1.
2.
3.

List any efforts you have made to resolve the complaint (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). Please note that the College does not have the authority to give financial compensation to a complainant.

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The College has two pathways which attempt to resolve complaints through alternative dispute resolution. Please note that these pathways are only used in specific circumstances and most complaints are sent to the Complaints Authorization Committee for a written decision.

**Pathway 1:** If the Registrar believes that your complaint could be resolved without sending it to the Committee, would you be agreeable to allowing the Registrar to suggest a resolution for your consideration?

Yes  No

**Pathway 2:** If your complaint is referred to the Committee, would you be agreeable to participating in a complaint resolution process if requested by the Committee? Please note that this process could result in the Registrar facilitating a written agreement to resolve the complaint.

Yes  No

**NOTE: If a resolution cannot be reached, the complaint will be referred to the Committee for a decision.**

#### 4) 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 relevant 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 information obtained as part of the investigation) 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 the 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