Revised July 2019

COMPLAINT FORM

If you have concerns about an interaction with a doctor,
please consider contacting him or her to discuss them.

If that approach does not help or fit the situation, you can:

1. **Contact the College's Complaints Coordinator to discuss your next steps**
   OR
2. **Use this form to make a formal complaint.**

The College reviews all complaints about doctors who practise medicine in Newfoundland and Labrador.

TO MAKE A COMPLAINT

1. **Complete this form in full.**
   (A separate form is available for making a complaint on behalf of another person.)
2. **Mail or deliver the completed form to the College at the address below.**

Questions about the complaints process?

Contact the College's Complaints Coordinator:
(709) 726-8546
complaints@cpsnl.ca

OUR COMPLAINTS PROCESS

1. We send the doctor a copy of your complaint form, and ask for a response.
2. We send you a copy of the doctor's response.
3. In some circumstances—and with your consent—the College Registrar tries to resolve the complaint.
4. If the Registrar does not resolve the complaint, it goes to the College's Complaints Authorization Committee. Committee members include both doctors and members of the public.
5. The Committee may appoint an investigator to contact people and institutions who have information about your complaint. This may include obtaining copies of personal health records.
6. The Committee reviews all relevant information and meets to discuss and act on your complaint. It notifies you of its decision in writing.

   The Committee has four choices of action:

   - Dismiss the complaint, sometimes with direction to the doctor
   - Caution or counsel the doctor about improvements needed
   - Send the complaint to Alternative Dispute Resolution
   - Instruct the College Registrar to refer the complaint to a hearing.

College of Physicians & Surgeons of Newfoundland and Labrador
120 Torbay Road, Suite W100 • St. John's, NL • A1B 2G8 • cpsnl.ca

I WISH TO MAKE A COMPLAINT ABOUT A PHYSICIAN

IMPORTANT NOTE:
The College only reviews complaints about physicians. It cannot review complaints about hospitals or non-physicians.

MY FULL NAME _____

MY MAILING ADDRESS _____

_____

_____ **POSTAL CODE** _____

PHONE _____ **CELL** _____

EMAIL _____

PLEASE CONTACT ME BY ☐ **LETTER MAIL** ☐ **EMAIL**

FAMILY PHYSICIAN (FULL NAME) _____

Complaint overview

Please be specific in all the information you provide.
Fill out a separate form for each physician you wish to name in your complaint.

PHYSICIAN'S FULL NAME _____

WHERE DID THE INCIDENT TAKE PLACE?
(CLINIC, HOSPITAL, OFFICE, ETC.) _____

INCIDENT DATE(S) _____

Description of the incident / behaviour that concerns you

Please be as detailed as possible. If you need more space, type or write your notes on a separate page and attach them to this complaint form.

The specifics

From your description of the incident (previous page), please indicate the exact action(s) that the doctor did OR did not do that are causing you to make this complaint. This will help the College better understand your concerns.

1. _____
2. _____
3. _____

Witnesses

List any people who may have information about this complaint. Use more paper if needed. You are not required to have a witness to make a complaint.
NOTE: The College may contact each witness as part of the investigation of your complaint.

WITNESS NAME _____

WITNESS CONTACT INFO (PHONE / EMAIL _____

CONNECTION TO ME/MY COMPLAINT (NURSE, FAMILY MEMBER, RECEPTIONIST, ...)

_____

HOW THEY WERE INVOLVED _____

Follow-up action

Describe any steps you may already have taken to resolve your complaint.

_____

_____

_____

_____

Preferred outcome(s)

Describe what you hope will happen as a result of making a complaint.

NOTE: The College has no authority to provide financial compensation to complainants. It also cannot direct or arrange patient care.

_____

_____

_____

I confirm that I have read and understand the following:

- I am making a formal complaint against the doctor named in this form.
- The College can investigate my complaint by using relevant personal health records, interviewing witnesses, and by seeking information from other relevant sources.
- The doctor named in this complaint will be sent a copy of this form and all relevant information gathered during the investigation of my complaint.
- If my complaint leads to a hearing—or the Committee's decision is appealed to a court of law—information relating to my complaint must be disclosed and I may be called to testify as a witness.
- If I do not fully complete this form or participate in the investigation, my complaint may be dismissed for lack of information.

SIGNATURE _____

DATE _____

CONSENT & AUTHORIZATION RELEASE FORM

For the purpose of investigating a complaint against a physician . . .

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

FULL NAME _____

MCP # _____

DATE OF BIRTH _____

SIGNATURE _____

DATE _____

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