

Complaint Reporting Form



College of
Physicians
& Surgeons
of Alberta

College of Physicians & Surgeons of Alberta

The College of Physicians & Surgeons of Alberta (CPSA) is responsible for investigating and resolving complaints about physicians. The complaint investigation process may include disclosing personal identifiable information such as diagnostic, treatment and patient care information. Please be aware the complaints process may take several months depending on the complexity and severity of the complaint.

The Complaints Process

To begin an inquiry into your complaint please:

Note: Please print, sign and mail this form to the College. We cannot accept electronic copies.

- **Complete this form**
- **Ensure all signatures are authorized and additional information is provided**
- **MAIL THE ORIGINAL completed form to the College's Complaints Department**

The College will then:

- 1) Send a copy of your completed form to the physician(s) in question to obtain a response.
- 2) Contact other individuals and institutions named in your completed form who may have information relevant to your complaint. They may receive a copy of your completed form.
- 3) Review all information received. Further communication with the parties involved may occur.
- 4) Provide you with a written response to our review. The physician(s) will also receive a copy.

If you have any questions or need help completing this form, please contact a CPSA Patient Advocate at 780-423-4764 or toll free 1-800-661-4689.

1) Information from person making the complaint:

(Ms/Mrs/Mr/Dr) _____
(first name) (last name)

Address _____

City _____ Postal Code _____ Email _____

Telephone number with area code where we can contact you during the day (8:30 a.m. - 4:00 p.m.):

Home _____ Work _____ Cell _____

(If you are filing this complaint on behalf of the patient, please provide a copy of the documentation authorizing your ability to do so. Examples include: executor of an estate, legal guardian, patient's written consent, etc.)

2) Patient information

Birth Date (dd/mm/yyyy) _____ Alberta Health Care # _____

Address information same as above

(Ms/Mrs/Mr/Dr) _____
(first name) (last name)

Address _____

City _____ Postal Code _____ Email _____

Telephone number with area code where we can contact the patient during the day (8:30 a.m. - 4:00 p.m.):

Home _____ Work _____ Cell _____

3) Authorization for release of information:

(Click to open Release Form)

Complete this form by providing the appropriate information and signatures. A completed form is necessary to perform a full investigation into your complaint. ***(NOTE: A witness is defined as any adult person who can confirm that he/she saw you sign the form.)***

4) Provide the full name of the physician(s) you wish to complain about along with his/her address and telephone number. *(Note: A copy of your complaint form will be sent to these individuals.)*

Physician Name	Address	Telephone Number

5) Provide the full name of any other individual(s) who may have information regarding this complaint. Please include the details of the information they may have about your complaint (e.g. other physician, therapist, witness(es) who were present), as well as their addresses and telephone numbers. Attach additional pages if necessary.

(Note: A copy of your complaint form may be sent to these individuals.)

Name	Contact Information	Information details

Attach additional pages if necessary

6) If your complaint involves care you received in a hospital, provide the name(s) of the hospital(s), location(s) and date(s) you attended.

(These facilities may be asked to provide personal identifiable information, such as diagnostic, treatment and patient care information. A separate release may be required for the hospital.)

Name of Hospital	City	Date(s) attended

Attach additional pages if necessary

7) **My complaint(s) is about Dr. (s)** _____

8) **My complaint(s) is about (choose all that you think apply):**

- | | |
|---|---|
| <input type="checkbox"/> Communication style | <input type="checkbox"/> Office cleanliness |
| <input type="checkbox"/> Medical records or report completion | <input type="checkbox"/> Management of patient care |
| <input type="checkbox"/> Sexual misconduct | <input type="checkbox"/> Availability |
| <input type="checkbox"/> Prescribing | <input type="checkbox"/> Interdisciplinary issues |
| <input type="checkbox"/> Financial/billing | <input type="checkbox"/> Office staff |
| <input type="checkbox"/> Confidentiality | |
| <input type="checkbox"/> Other (please specify) | |

9) **Provide a clear description of the complaint(s) you have about the physician(s). Please include in your description what the physician did or failed to do to cause you to complain. Other information to include: what happened, where it happened, and when it happened (in chronological order). Attach additional pages if necessary.**

description continued ...

description continued...

Attach additional pages if necessary

10) What do you hope will happen as a result of your complaint?

(NOTE: The College of Physicians & Surgeons of Alberta can not provide financial compensation nor can we direct or arrange patient care.)

Please attach any relevant information that will assist our inquiry into this complaint.

Signature of person making complaint

Date signed

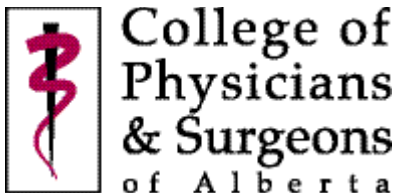
When applicable: As the patient, I consent to the College of Physicians & Surgeons of Alberta disclosing information concerning my complaint (including personal identifiable information, such as diagnostic, treatment and patient care information) to the person making the complaint on my behalf.

Patient's signature

Date signed

MAIL THE ORIGINAL completed form to the College's Complaints Department

Please include the Release of Information form ([click here](#))



2700-10020 100 Street NW
Edmonton, AB T5J 0N3

Telephone: 780-423-4764
Complaints Toll Free: 1-800-661-4689

Website: www.cpsa.ab.ca

Please print or save a copy of this form for your records.