INSTRUCTIONS

If you have a question or concern, we encourage you to first speak with your doctor, the patient advocate at your hospital or a College Public Advisor (1-800-268-7096 ext. 603). Please refer to the CPSO’s Guide to the Complaints Process for assistance and more information.

To make a complaint, you may complete this form electronically, print it out and mail it to the address at the end of this form, or submit it online to ir@cpso.on.ca.

Once the College has received your complaint, we will aim to contact you within two business days. We are required to notify the doctor and may provide him/her a copy of your complaint.

Consent for the release of confidential medical information

The investigator handling your complaint will need relevant personal health information. The investigator may need to get written consent from you or the patient to get certain records.
Obtaining Records

If you are the patient, your doctor is permitted, under the Personal Health Information Protection Act, 2004, to disclose your medical information to the CPSO so it can investigate.

If you are not the patient, the patient needs to sign a consent form or, if unable to do so, their legal representative may sign this authorization form instead. This is necessary before the doctor can provide the patient’s personal health records.

Patient Information if different from the complainant

Last name ___________________________ First name ___________________________

Street ___________________________ Apt# ___________________________

City ___________________________ Province ___________________________ Postal code ___________________________

Daytime telephone ___________________________ Alt telephone ___________________________

Email ___________________________

Date of birth ___________________________ Date of death (if deceased) ___________________________

OHIP # ___________________________
Preferred Mode of Communication
How would you like the College to communicate with you?

- Telephone
- E-mail
- Regular mail
- Fax (if confidential line)

Doctor(s) You Are Complaining About

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<th>Doctor Name</th>
<th>Address</th>
<th>Telephone Number</th>
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Summary of Concerns
Please list the key points of your complaint here.

1. 
2. 
3. 
Describe Your Complaint

Please tell us in the box below:

- What happened
- Who was involved
- When and where it happened
- Any other information that may help the CPSO in its review
- What you hope will happen as a result of this complaint

*If more space is required, please attach additional printed pages.
Other Information

Please give the names of any other people who were involved and can provide information.

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<th>Name</th>
<th>Contact Information</th>
<th>Their role/why they might have information to contribute</th>
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Please enclose or attach copies of any documents you feel would be relevant to your case. Please list any documents you are providing so that we can be sure we have received everything.

Supporting Documents:

When you have completed this Complaint Form, please submit it:

E-MAIL  ir@cpsos.on.ca
or
MAIL    The Registrar/CEO
         College of Physicians and Surgeons of Ontario
         80 College Street
         Toronto ON M5G 2E2