

Complaint Reporting Form

The College of Physiotherapists of Alberta investigates complaints about Alberta physiotherapists. Information collected on this form and in the complaint process is collected under the authority of Alberta's *Health Professions Act*. Information is handled in confidence and used to process your complaint.

While we have the authority to investigate concerns and discipline our members, financial compensation is a matter determined in civil court. We cannot direct a physiotherapist to provide you with any financial compensation. Please seek legal advice if financial compensation is a concern.

My information [the complainant]

Name (First, Last)

Street or mailing address

City

Province

Postal Code

Daytime phone number

Email address

Representative information

If you are completing this form on the complainant's behalf, provide your details, the complainant's signature and/or authorizing documentation if applicable (e.g., proof of legal guardianship).

Name (First, Last)

Street or mailing address

City

Province

Postal Code

Daytime phone number

Relationship to the complainant

If applicable, name of authorizing document(s)

Complainant's signature

My complaint is about/involves [check all that apply]

Assessment/treatment

Confidentiality/privacy

Patient care

Billing/financial

Management of patient care

Record keeping/charting

Clinic cleanliness

Office staff/support personnel

Sexual impropriety

Communication

Other _____

Information about the physiotherapist(s)

The College of Physiotherapists of Alberta will send a copy of your complaint to the individual(s) listed.

Physiotherapist's name Daytime phone number

Address

Physiotherapist's name Daytime phone number

Address

Physiotherapist's name Daytime phone number

Address

Information about other individuals who may have information relevant to my complaint

The College of Physiotherapists of Alberta may send a copy of your complaint to the individuals listed.

Name Contact details

Information they may have

Name Contact details

Information they may have

Name Contact details

Information they may have

My complaint involves care received in the hospital/public facility noted below

The College of Physiotherapists of Alberta may ask these facilities to provide patient information, treatment records and diagnostic reports.

Facility name Date(s) attended

Address

Facility name Date(s) attended

Address

Facility name Date(s) attended

Address

Attach additional pages if required.

My complaint

Include specifics about what caused your complaint (what the physiotherapist did or did not do, dates, locations, etc.). If possible, list in order they occurred. Reference and include any relevant documents. A copy of your complaint will be sent to the physiotherapist(s) noted in your complaint.

Additional documents related to my complaint

- I could not describe my complaint in the space provided so I am including a separate second page.
- I have enclosed other documents related to my complaint.

Signature(s)

All complaints must be signed by the complainant and/or complainant's representative.

_____ Date _____
Complainant's signature

_____ Date _____
Representative's signature

When your form is complete

Print, sign and then mail or fax the Complaint Reporting Form and any supporting documentation to:

College of Physiotherapists of Alberta
Suite 300, 10357 109 Street
Edmonton AB T5J 1N3

F: 780.436.1908
E: complaints@cpta.ab.ca