



Prince Edward Island College of Physiotherapy

Complaint Form

Instructions:

- Please print clearly.
- Please include as much detail as possible. Use point form, if you like.
- Please provide copies of any relevant materials which supports your complaint.

Mail to:

Prince Edward Island College of Physiotherapy
PO Box 20078
Charlottetown, PE C1A 9E3

1. Personal Filing the Complaint

Name: _____ Address: _____

City: _____ Postal Code: _____ Telephone: _____

Email: _____

2. Physiotherapist Information

Physiotherapist's Name: _____

Clinic or Hospital Name: _____

Address: _____

City: _____ Postal Code: _____ Telephone: _____

5. What do you hope to accomplish by submitting this complaint? (e.g. apology from member, assistance with resolution, etc.)

6. What evidence/documents are you attaching to support your complaint(s)?

By completing this Complaint Form you:

1. Acknowledge that you are lodging a written formal complaint and understand that the College will investigate all written formal complaints; and
2. Recognize that the Prince Edward Island College of Physiotherapy may decide that it is appropriate to try and resolve this matter informally, based on the information provided (e.g. mediation, request for employer action, etc.).
3. Give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting documentation with any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint; and
4. Confirm that the details and information provided are true, accurate and complete to the best of your knowledge.

Signature _____ **Date** _____