

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. Physiother	apist Information		
Physiotherapist's N	lame:		
Clinic or Hospital N	lame:		
Address:			
	Postal Code:		

3. Nature of the Complaint

Have you tried to discuss this complaint with your Physiotherapist?		
Yes No		
What efforts have you made to resolve your concerns?		
4. Narrative of the Complaint		
Please use your own words to describe the complaint. Provide sufficient information and evidence to fully explain the nature of your concerns:		
* If required, please use additional pages (please number and sign each additional page)		

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 com	ppleting 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.		
3.	mediation, request for employer action, etc.). Give permission to the College to discuss and/or release part or all of the Complaint Form and all		
0.	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.		
Signatu	ure Date		