



COMPLAINTS INVESTIGATION APPLICATION FORM

As the licensing and governing body for physical therapists in the Province of Saskatchewan, the College takes your complaint seriously and will investigate it. Often the complaints process takes several months depending on the complexity of the complaint.

The Complaints Process:

To begin a formal inquiry into your complaint, please:

- Complete this form. A completed form is necessary to initiate a full investigation of your complaints
- Forward the completed complaint and authorization forms to the College

Upon receiving the form, the College will:

- Contact the physical therapist complained about, and provides them with a copy of this complaint.
- Contact those individuals who may have information relevant to the complaint.
- Review all information. Further communication with the parties involved may be necessary.
- Inform the complainant and physical therapist in writing of the results of the review.

If you have any questions or require assistance to complete this form, please contact the College at 931-6661 or 1-877-967-SCPT (7278)

1. Information from the person making the complaint:

_____ (Title) _____ (Given name) _____ (Last name)

Address:

_____ (Number) _____ (Street) _____ (Type) _____ (Direction)

_____ (unit or apt.) _____ (City, Town, Village, Municipality)

_____ (Prov.) _____ - _____ (Postal Code)

Telephone: _____ - _____ - _____ (Home); _____ - _____ - _____ (alternate)

Email: _____

Office Information Only – (Complainant do not complete)

Date received in Office **Complaint File #**

Committee Person Handling Complaint:

2. Patient Information: (if different than above)

_____ (Title) _____ (Given name) _____ (Last name)

Address:

_____ (Number) _____ (Street) _____ (Type) _____ (Direction)

_____ (unit or apt.) _____ (City, Town, Village, Municipality)

_____ (Prov.) _____ - _____ (Postal Code)

Telephone: _____ - _____ - _____ (Home); _____ - _____ - _____ (alternate)

Email: _____

3. Provide the name(s) of the Physical Therapist(s) complained about along with their practice location:

Physical Therapist Name	Address of treatment facility	City/Town

4. Provide the name(s) of any other individual(s) and the details of the information they may have pertaining to the complaint (i.e. physician, other health professionals)

Name	Address	City/Town

5. Has this complaint been registered with any other organization or agency?

Health District: _____

Other (please specify): _____

For questions 6 & 7 take as much space as necessary; space will expand as you type.

6. Provide a brief and clear description of the complaint(s) you have about the Physical Therapist(s) named in the complaint. Include examples where appropriate (e.g. if you are alleging rude behaviour, provide an example(s). (If a letter of complaint has been received by the College, it will be attached to this form. You may add additional information as necessary.)

Although the complaints investigation committee seeks to resolve conflicts between patients and physical therapists to the satisfaction of all parties involved, the purpose of the complaints resolution process is to reduce the risk of recurrent physical therapist conduct that prompted the initial complaint.

The College cannot award financial compensation.

Signature of person making complaint

Date

Relationship to patient

Date

Signature of patient (if possible)

Date

PLEASE NOTE: Must be completed after the form is printed.
Please complete this form, print it, and sign where necessary.

Then mail to:

The Saskatchewan College of Physical Therapists

105A-701 Cynthia Street

Saskatoon, Saskatchewan S7L 6B7

Telephone: (306) 931-6661 Fax 931-7333

Email: edr@scpt.org



AUTHORIZATION FOR RELEASE OF INFORMATION

I understand my signature to this release will allow the Saskatchewan College of Physical Therapists to:

1. Obtain any medical records or other information relevant to the complaint
2. Provide a copy of the letter of complaint to the Physical Therapist(s) named in the complaints;
3. Provide a copy of any other information gathered in relation to the complaint to the Physical Therapist(s) named in the complaint;
4. Allow any other authority that holds medical records relevant to my complaint to release such records to the physical therapist(s) named in the complaint in order to allow those physical therapists to respond to the complaints.

PATIENT INFORMATION

(Print Patient's Full Name)

(Signature of Patient, if possible)

COMPLAINANT INFORMATION (IF DIFFERENT FROM PATIENT)

Print Complainant's Full Name

(Relationship to Patient)

Signature of Complainant

The College investigates all complaints. In order for a third party (i.e. someone other than the patient) to receive specific information regarding a complaint (e.g. physical therapists reply to the letter of complaint), the College requires photocopies of documentation relevant to Power of Attorney, legal guardianship of Executor of the Estate.