



## 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 Complaint 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 complaint.
- Forward the completed complaint and authorization forms to the College.

Upon receiving the form, the College will:

- Contact the Physical Therapist complained about and provide them with a copy of the 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 Therapists - in writing - of the results of the review.

If you have any questions or require assistance to complete this form, please contact us at

**1-877-967-SCPT (7278)** or 306-931-6661.

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### 1. INFORMATION ABOUT THE PERSON MAKING THE COMPLAINT

Title:			
First Name:		Last Name:	
Address:			
City:		Province:	
Postal Code:			
Email:			
Phone #:			
Alt. Phone #:			

### OFFICE USE ONLY - DO NOT COMPLETE

Date Received:		Complaint File #:	
Committee Member Handling Complaint:			

### 2. PATIENT INFORMATION, IF DIFFERENT FROM ABOVE

Title:			
First Name:		Last Name:	
Address:			
City:		Province:	
Postal Code:			
Email:			
Phone #:			
Alt. Phone #:			

**3. PROVIDE THE NAME(S) OF THE PHYSICAL THERAPIST(S) AND THEIR PRACTICE**

PT NAME	NAME OF PRACTICE	ADDRESS OF PRACTICE

**4. PROVIDE THE NAME(S) OF ANY OTHER INDIVIDUALS WHO MAY HAVE INFORMATION PERTAINING TO THE COMPLAINT (E.G., PHYSICIAN, OTHER HEALTH PROFESSIONALS)**

NAME	NAME & ADDRESS OF PRACTICE	DETAILS THEY MAY HAVE REGARDING THE COMPLAINT

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

Health District:

Other (please specify):

**6. Please provide a brief, clear description of the complaint(s) you have about the Physical Therapist(s) named. Include examples where appropriate (e.g., if you are alleging rude behaviour, provide an example). 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. *Please use additional paper as necessary to complete this section.***

**7. What is your expectation from the investigation of this complaint?**

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 complaint resolution process is to reduce the risk of recurrent Physical Therapist conduct that prompted the initial complaint.

**The College cannot award financial compensation.**

**Please print and sign.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the patient (if relevant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature (if possible)

\_\_\_\_\_  
Date

This complete form can be **mailed** to:

THE SASKATCHEWAN COLLEGE OF PHYSICAL THERAPISTS  
105A-701 CYNTHIA ST  
SASKATOON SK S7L 6B7

Or **faxed** to:

(306) 931-7333

## Authorization for Release of Information

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

1. Obtain my 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 complaint,
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 the complaint to release such records to the Physical Therapist(s) named in the complaint, to allow those Physical Therapists to respond to the complaint.

### PATIENT INFORMATION

\_\_\_\_\_  
Patient's Full Name, Printed

\_\_\_\_\_  
Patient's Signature (if possible)

### COMPLAINANT INFORMATION (IF DIFFERENT FROM PATIENT)

\_\_\_\_\_  
Complainant's Full Name, Printed

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**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., a Physical Therapist's reply to the letter of complaint), the College requires photocopies of documentation relevant to Power of Attorney, legal guardianship of Executor of the Estate.**