



Complaint Reporting Form

Physiotherapy Alberta¹ 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]

Title (Mr., Mrs., Ms.) 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).

Title (Mr., Mrs., Ms.) 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]

- | | | |
|---|---|--|
| <input type="checkbox"/> Assessment/treatment | <input type="checkbox"/> Confidentiality/privacy | <input type="checkbox"/> Patient care |
| <input type="checkbox"/> Billing/financial | <input type="checkbox"/> Management of patient care | <input type="checkbox"/> Record keeping/charting |
| <input type="checkbox"/> Clinic cleanliness | <input type="checkbox"/> Office staff/support personnel | <input type="checkbox"/> Sexual impropriety |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Other _____ | |

¹ The College of Physical Therapists of Alberta operates as Physiotherapy Alberta - College + Association.





Information about the physiotherapist(s)

Physiotherapy 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

Physiotherapy 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

Physiotherapy 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.

[Empty text box for writing the complaint]





How I would like my complaint resolved

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

_____ Date

When your form is complete

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

Complaints Director
Physiotherapy Alberta - College + Association
Suite 300, 10357 109 Street
Edmonton AB T5J 1N3

Fax: 780.436.1908