



## Complaint Reporting Form

Physiotherapy Alberta 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]

\_\_\_\_\_  
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).

\_\_\_\_\_  
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 _____                    |                                                  |





**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:

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

F: 780.436.1908

E: [complaints@physiotherapyalberta.ca](mailto:complaints@physiotherapyalberta.ca)