Prince Edward Island College of Occupational Therapists

COMPLAINT FORM

The Prince Edward Island College of Occupational Therapists (PEICOT) requests the completion of this form when filing a complaint against an occupational therapist registered with the College.

By completing 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. Give permission to the College to access your records, and to request and receive copies of all medical and related records related to the complaint; and
- 3. Give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting documentation with any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint; and
- 4. Certify that the details and information provided are true, accurate and complete to the best of your knowledge.

If you have any questions concerning the above, require assistance, or would like to speak with College Registrar before completing this complaint, please contact the PEICOT.

Complainant Information		
PERSON FILING COMPLAINT		
Name GIVEN NAME(S), INITIAL(S)) LAST NAME	
Address STREET NUMBER - STREET NAME - AP	PT. /UNIT NUMBER CITY / COMMUNITY	PROVINCE POSTAL CODE
Phone	Email	
If you are not the client or the person directle (parent, spouse, child, relative, health profe		e your relationship to that individual
Relationship to Client		
Please be advised that if you are filing a con provide consent to access personal informa	·	he College may require the individual to
CLIENT (IF DIFFERENT FROM ABOVE)		
Name GIVEN NAME(S), INITIAL(S)) LAST NAME	
Date of Birth DD MM Y, Y, Y, Y		
Phone	Email	
Address STREET NUMBER - STREET NAME - AP	PT. /UNIT NUMBER CITY / COMMUNITY	PROVINCE POSTAL CODE

Occupational Therapist's Info	ormation	
Occupational Therapist's Name Place of Work	GIVEN NAME(S), INITIAL(S)	LAST NAME
Complaint Details		
NATURE OF THE COMPLAINT		
☐ Communication issues ☐ Other	Unprofessional behaviour	☐ Privacy/confidentiality
OTHER COMPLAINT DETAILS		
When did the incident occur?		
f applicable, have you tried to disc	uss this complaint with the involved o	ccupational therapist?
What do you hope to accomplish by with resolution, etc.)	by submitting this complaint? (e.g., apo	logy from the health professional, assistance
omplaint Narrative PLEASE U	ISE YOUR OWN WORDS TO DESCRIBE THE COM	PLAINT