

Occupational Therapist's Information

Occupational Therapist's Name
GIVEN NAME(S), INITIAL(S) LAST NAME

Place of Work

Complaint Details

NATURE OF THE COMPLAINT

Communication issues Unprofessional behaviour Privacy/confidentiality

Other

OTHER COMPLAINT DETAILS

When did the incident occur?

If applicable, have you tried to discuss this complaint with the involved occupational therapist? Yes No

What do you hope to accomplish by submitting this complaint? (e.g., apology from the health professional, assistance with resolution, etc.)

Complaint Narrative PLEASE USE YOUR OWN WORDS TO DESCRIBE THE COMPLAINT

Complainant's Signature:
PLEASE TYPE YOUR FULL NAME

Date: