Complaint Reporting Form

1. INSTRUCTIONS

1. **Complete this form with as much detail as possible.**
2. **Ensure all signatures are authorized and additional documentation is provided.**
3. **E-mail the completed form to the College's Professional Conduct Committee.**

The Saskatchewan College of Podiatrists considers complaints about our members a serious matter. When you file a complaint with the College, you are requesting a formal examination of professional behaviour or care provided by the podiatrist.

What to be aware of

The College cannot determine negligence or assign compensation payments.

There is no time limit for filing a complaint. However if the subject of the complaint is a former member, complaint proceedings must begin no more than two years after expiration of membership.

When to make a complaint

Patients are encouraged to discuss any concern they have about a podiatrist with the podiatrist in question. This can help them understand your concerns and often misunderstandings can be easily resolved with a simple dialogue between the two parties.

However, if you are unable to reach a satisfactory resolution, you can file a complaint with the College.

Filing a complaint

If you decide to proceed with a formal complaint, complete this form and email to the Professional Conduct Committee at complaints@scop.ca

Send completed form to:

E-mail: complaints@scop.ca
**please consider password protecting the document before sending to us through this method. and providing the password in a separate e-mail.*

For more information about the College's complaints process, please visit www.scop.ca.

Thank you for taking the time to complete this form.

2. AUTHORIZATION FOR CONSENT AND RELEASE OF INFORMATION

Patient Consent

As the patient, I understand and that my signature to this release will allow the Saskatchewan College of Podiatrists to:

1. Obtain any health record(s), including hospital records, podiatrist office records, pharmaceutical prescription records and patient billing information, or other information relevant to the complaint.
2. Provide a copy of the letter of complaint and any pertinent information including medical records to the podiatrist(s) named in the complaint.
3. Request, receive, photocopy and disseminate this information as necessary for the investigation of the complaint in accordance with the complaints process.

Patient First Name: _____ **Patient Last Name:** _____

How should we address you? ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ Dr. ☐ First Name ☐ Other:

Patient date of birth: _____ - _____ - _____ **Patient health card #:** _____
(DD) *(MMM)* *(YYYY)*

_____ _____
Patient signature *Date signed*

3. AUTHORIZATION FOR REPRESENTATION

Complete ONLY if you are NOT the patient or NOT the parent/legal guardian of a young child.

The patient may authorize the complainant (the person making the complaint) to receive information pertaining to the complaint. If so, the patient is required to complete the following:

I, _____, am aware of the complaint made to the College on my behalf, and authorize
Print Patient Name

_____ to receive medical information with respect to the review of this complaint.
Print Name of Person Filing the Complaint

_____ _____ _____ _____
Person Filing Complaint Printed Name *Person Filing Complaint Signature* *Relationship to Patient* *Date signed*

A. PATIENT INFORMATION

First Name: _____ **Last Name:** _____

How should we address you? ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ Dr. ☐ First Name ☐ Other: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Preferred phone #: _____ **Cell/Other:** _____ **E-mail:** _____

Date of birth: _____ (DD) - _____ (MMM) - _____ (YYYY) **Health card #:** _____

Preferred way of receiving communication? ☐ Mail ☐ *E-mail

**By providing your e-mail address you agree to receive correspondence from the College through this method. We will password protect any communication that includes personal health information, and we will send the password in a separate e-mail.*

_____ *Patient signature* _____ *Date signed*

B. PERSON REGISTERING THE COMPLAINT

☐ **I am the patient** (*If the patient, do not complete section B – Skip to section C*)

☐ I am representing the patient for the purposes of this complaint and the patient has signed the authorization for representation above.

☐ I am completing this complaint without authorization from the patient.

First Name: _____ **Last Name:** _____

How should we address you? ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ Dr. ☐ First Name ☐ Other: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Preferred phone #: _____ **Cell/Other:** _____ **E-mail:** _____

My relationship to the patient is: _____

(example: parent, spouse, child, relative, lawyer, friend, physician, executor, power of attorney)

Preferred way of receiving communication? ☐ Mail ☐ *E-mail

**By providing your e-mail address you agree to receive correspondence from the College through this method. We will password protect any communication that includes personal health information, and we will send the password in a separate e-mail.*

_____ *Signature* _____ *Date signed*

C. PODIATRIST DETAILS

Identify the podiatrist you are filing this complaint about. If known, provide the office address. If you are filing a complaint about more than one podiatrist, you are required to complete a separate complaint reporting form for each podiatrist.
A copy of this complaint will be sent to the podiatrist you have identified.

Full Name of Podiatrist: _____

Address: _____ **City:** _____ **Postal Code:** _____

Date(s) Attended: _____ _____ _____

Occurred at: ☐ **Office** ☐ **Hospital** ☐ **Other:** _____

Have you tried speaking with this podiatrist about your concern? ☐ **Yes** ☐ **No**

D. OTHER DETAILS

Identify any other individual(s) who provided medical care or may have information relevant to your concerns (e.g. family physician, other physician or health care professional).

Full Name: _____

Address: _____ **City:** _____ **Postal Code:** _____

Date(s) Attended: _____ _____ _____

Occurred at: ☐ **Office** ☐ **Hospital** ☐ **Other:** _____

Have you tried speaking with this individual about your concern? ☐ **Yes** ☐ **No**

E. DETAILS OF HOSPITAL/CARE FACILITY ATTENDED

Please provide the name(s) of the clinic(s), hospital(s) or care facility(ies) and dates you attended during this period.

Clinic/Care Facility 1: _____ **City:** _____

Date(s) Attended: _____ _____ _____

Clinic/Care Facility 2: _____ **City:** _____

Date(s) Attended: _____ _____ _____

F. EXPECTATIONS

What do you hope will happen as a result of this complaint process? ***The College has no legal authority to direct or influence the payment of financial compensation to the complainants.***

_____

_____

_____

G. DETAILS OF YOUR COMPLAINT

Provide a clear description about the concerns you have about the podiatrist. Include in your description what the podiatrist did or failed to do that led you to file this complaint. Please enclose copies of any documents you feel would be relevant to your case. ***A copy of this complaint will be sent to the podiatrist you have identified.***

Attach additional pages if necessary.