

COMPLAINT FORM

Section 1

Complainant (person making the complaint)

Mr. Ms. Last Name _____ Given Name(s) _____

Mailing Address _____
Street
City
Postal Code

Phone No. _____
Home
Cell

Email address _____

Section 2

Complaint Information

Print Name of Registered Respiratory Therapist _____

Date of Occurrence _____
MM/DD/YEAR

Complete name, address and telephone number of the healthcare facility or independent clinic involved with this complaint:

Name of Healthcare Facility: _____ Phone No. _____

Address: _____
Street
City
Postal Code

Provide the name(s) of any other individual(s) and the details of the information they may have pertaining to the complaint (e.g., other healthcare professionals).

Name	Address	Phone No.	Details of information they may have

I wish to lodge a complaint against _____
Name of Respiratory Therapist

Provide a clear description of the complaint about the Registered Respiratory Therapist. Include as much detail as possible with regard to the nature of the concern(s). This section must be completed in order to register a formal complaint.

Signature _____ Date _____
MM/DD/YEAR

Print Name _____