

Complaint Form

Section 1

Complainant

Mr. Ms. Surname _____ Given Names _____

Mailing Address _____

Telephone Number (include area code) _____ Alternate Telephone _____

Email address _____

Section 2

Complaint Information

Name of Respiratory Therapist _____

Date of Occurrence _____ (MM/DD/YR)

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

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 health professionals)

Name	Address	Phone Number	Details of information they may have

I wish to lodge a complaint against _____

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.

Signed: _____ Dated: _____