cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Filing a Complaint

Instructions:

1. Complete this form legibly with as much detail as possible. **Please type or print clearly,** so we can read and fully understand your complaint and respond appropriately. This form is best completed on a desktop device, as fillable pdfs only work on mobile devices with a pdf viewer that supports forms.
2. Sign and date the complaint form.
3. Sign and date the consent form (**this form requires an authentic signature, either with ink or through DocuSign**).
4. Mail your completed and signed forms to CPSA, using the provided, prepaid envelope.

What Happens Next:

- ✓ We will review your submission and determine if your complaint submission is complete.
- ✓ Please note that valid complaint submissions will be provided to the physician for their response.
- ✓ Where appropriate, complaints are often resolved by offering education and support to the physician in order to improve their practice.
- ✓ We will notify you as your complaint progresses. In the meantime, we thank you for your patience.

Please note, the complaints process may take months to years depending on the complexity of the complaint and timeliness in which responses and requests for records are received. Information from other individuals (witnesses, etc.) may also be required. In some cases, an expert opinion may be sought. Your complaint form and personal information may be included in these requests to external agencies and individuals.

What we CANNOT do:

- × Give a diagnosis, treatment recommendation, referral or direct patient care.
- × Provide or influence financial compensation.
- × Provide records to be used in a law suit.
- × Help you with concerns or complaints about a health professional who is not a regulated member of CPSA.
- × Resolve complaints without contacting the physician identified.
- × Offer legal advice.

We will contact you as soon as your complaint progresses.

Due to the high volumes of complaints we manage, we are unable to respond to individual requests for updates. Your patience is greatly appreciated.

Mail completed form to:
Professional Conduct Department
College of Physicians & Surgeons of Alberta
2700-10020 100 ST NW
Edmonton, AB T5J 0N3

Questions/Need Help?
Visit cpsa.ca or call 1-800-561-3899
(toll-free in Canada)

BEFORE you submit a complaint, our team will:

- ✓ Listen to your concerns
- ✓ Explain CPSA's complaint process and answer your questions on how to submit a complaint

AFTER you submit a complaint, we will:

- ✓ Contact you to clarify any unclear issues or expectations in your complaint

✓ Final Checklist

Ensure you include the following:

- ☐ Name & address of the physician involved (only one physician may be named per complaint form)
- ☐ Detailed description of the complaint against the physician
- ☐ Documents that support the complaint (if applicable)
- ☐ Contact information so we can reach you
- ☐ Completed & signed Complaint Form
- ☐ Signed & dated Consent form (digital signatures will not be accepted)
- ☐ Proof of Authority, if you are not the patient (see Patient Details section)

FAQs

1. Will the physician know I'm making a complaint?
   Yes. When a formal complaint is received, we notify the physician, provide a copy of the complaint and attachments for review and response.

2. What is reviewed during an investigation?
   We collect necessary information, which may include medical records, witness statements, or other documentation necessary to investigate your complaint.

3. Can I be sued for filing a complaint?
   No. However, if you distribute copies of the complaint to others, that may be considered libel and may put you at risk legally.

4. Will I be financially compensated if my complaint is upheld?
   No. If you are looking for financial compensation you need to seek legal advice.

5. How long does the complaints process take?
   We strive to resolve complaints in a timely manner. However, complaint review and investigation may take months to years, depending on the complexity, length of investigation, and availability of experts (if required). We will update you regularly throughout the process.

6. What are possible outcomes of a complaint investigation?
   - The complaint may be dismissed if evidence does not support the complaint or there was insufficient evidence to proceed.
   - We may work with the physician to make necessary practice changes. This requires consent from the complainant.
   - The complaint may go to a formal hearing, which may result in discipline.

7. Can CPSA type out my complaint for me or take a verbal complaint?
   - No, we are required to accept written and signed complaints only and are unable to prepare this on your behalf.

CPSA Complaint Form

Please complete the form with as much detail as possible. For each physician you are making a complaint on, you will need to submit a separate complaint form outlining your specific concern on the care that individual physician provided. This form may also be used by medical professionals to make a complaint against CPSA regulated members.

Your contact information:

First Name_____ Last Name _____

Address_____ City_____ Postal Code _____

Home Phone_____ Cell Phone _____

Email _____

☐ I agree to receive all updates related to this complaint, including all notices that I am entitled to under Part 4 of the *Health Professions Act* via email (rather then registered mail).

How should we address you when talking or writing to you?

☐ Mr ☐ Mrs ☐ Ms ☐ Mx ☐ Dr. ☐ First name ☐ Other _____

Patient details:

First Name_____ Last Name _____

Alberta Health Care #_____ Date of Birth (month/day/year) _____

Preferred Pronouns (optional) _____

Address (if different from above) _____

How should we address the patient?

☐ Mr ☐ Mrs ☐ Ms ☐ Mx ☐ Dr. ☐ First name ☐ Other _____

If you are NOT the patient above, and you wish to receive updates regarding this complaint, please provide proof of authority that you may access the patients health information. Acceptable proof includes:

- **Estates**: A Grant of Probate or Grant of Administration. Please note, a Will alone is insufficient to establish authority.
- **Adults**: Personal Directive, Guardianship Order or Court Order.
- **Minors** : Birth Certificate, Parenting Order, Custody Order, Adoption Order, Guardianship Order or other Court Order.

Did this event result in the death of the patient?

☐ No ☐ Yes [Date of death (month/day/year):_____]

Physician and location details:

Please provide the following details about the physician you are submitting this complaint about. Please be advised we will send a copy of this complaint form and attachments to the physician. We may also ask the medical office/hospital to provide personal identifiable information such as diagnostic, treatment and patient care information. Please note that only one physician may be named in the complaint. **If you have other physicians you wish to make a complaint against, you must submit a separate form for each physician.**

First Name_____ Last Name _____

Name of medical office/hospital _____

Specialty_____

Address_____ Phone_____

Date (month/day/year, if specific date unknown, please provide an approximate range) and location of Incident(s) _____

Others with firsthand information:

Identify any other individual(s) who may have information about the incident(s) (e.g., family physician, other physician, nurse, office staff or family members). We may contact them for a response and send them a copy of your complaint.

First/Last Name_____ Specialty_____

Name of medical office/hospital _____

Address_____ Phone # _____

Date (month/day/year, if specific date unknown, please provide an approximate range and location of Incident(s) _____

First/Last Name_____ Specialty_____

Name of medical office/hospital _____

Address_____ Phone # _____

Date (month/day/year, if specific date unknown, please provide an approximate range) and location of Incident(s) _____

Have you attempted to resolve your complaint directly with the physician involved?

☐ Yes ☐ No

Have you submitted a complaint to another organization? (e.g., law enforcement, Alberta Health Services or others?)

☐ Yes ☐ No If yes, please specify:

Describe in detail what the physician did or did not do which has caused you to submit a complaint. Please include as much detail as possible, including where and when the event occurred.

Please be specific to the physician named in this complaint. What did they do? When did this happen? Where did this happen? Did this happen over a period of time? What resulted from this situation? Our team will review your information and will contact you if they need additional details. **Please type or print clearly.**

If you wish to formally complain about another regulated member (i.e., physician) involved in this matter, you will need to prepare a separate complaint form.

If you have relevant documents to support your complaint, please submit them to us along with this complaint form. If you only have one copy of your supporting documents and will need them returned, please let us know. You may also prepare a typed submission to be attached to this complaint form.

Complaint details:

Complaint details cont.:

What do you hope will happen as a result of your complaint?

_____

_____

_____

_____

_____

_____

_____

Signatures:

I am making this complaint as the:_____(patient, legal representative or health care professional). By signing below, I confirm that the details contained in my complaint submission are correct, and formally submit this complaint to CPSA. I further understand that CPSA will obtain information about myself and the patient, which may include personal identifiable information.

Printed name of person submitting the complaint	Date signed (month/day/year)
Signature of person submitting the complaint	Date signed (month/day/year)

Send signed, completed Complaint Form and Consent Release to:
Professional Conduct Department
College of Physicians & Surgeons of Alberta
2700-10020 100 ST NW, Edmonton, AB T5J 0N3

Privacy is important to us!

We collect, use and/or disclose your personal information with your consent unless otherwise authorized or required by legislation. As per our *CPSA Privacy Statement,* we collect and use your personal information to do our CPSA work, which is to protect the public and to guide and regulate Alberta physicians and other

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CONSENT TO ACCESS AND RELEASE INFORMATION

In order to process a complaint pursuant to the *Health Professions Act*, it is necessary to access information which includes confidential personal and medical information.

Physicians or other medical providers involved in the care or treatment outlined in the complaint form **must** be able to directly access, view and obtain copies of medical records and personal information so as to respond to the CPSA.

The CPSA **must** be able to access, view and provide copies of medical records to relevant parties in an effort to process the complaint.

Medical Records include: person identifiable information, diagnostic, treatment and care information, medical charts/notes, office records, emails/texts, correspondence, phone and video recordings.

This form is specific to the following individual:

Print Full Name of Patient: _____

Date of Birth of Patient: Month Day Year

AB Health Care Number:

I, _____ am the (check one)

[☐] Patient named above

[☐] Legal Representative of the Patient named above

I am providing my consent and authorization as follows:

1. **Authorize** the physician(s) named in the complaint Form to access, view, and make copies of the relevant medical records and provide copies of same to the CPSA in response to the complaint.
2. **Authorize** the CPSA to access, view, gather, copy, and distribute relevant medical records as required to process the filed complaint.
3. **Give** a copy of the complaint form (and any additional information/attachments) to the physicians(s) or other respondents named in relation to the complaint.
4. **Share** where applicable, information concerning the complaint including personal

information and medical records to other parties involved in the complaint process including but not limited to: responding individuals, legal counsel, CPSA investigators, CPSA review or hearing committee members, external investigators, and experts.

5. **Accept** both wet signature and digitally signed through DocuSign electronic signature processing for this release.
6. **Use** copies of this signed release form to access, view, collect, copy, and share information including allowing physicians and/or other respondents to directly access medical records where they may not be the custodian of such records for the purpose of processing the complaint.

I understand why the CPSA has asked for my consent to the above and I am aware of the risks or benefits of consenting, or refusing to consent.

I also understand that my consent is valid until this complaint is closed by CPSA, and that I can revoke this consent in writing at anytime.

Signature of the Patient (must be ink or through Docusign)	Date signed (month/day/year)

OR

Signature of the Legal Representative* (must be ink or through Docusign)	Date signed (month/day/year)

*Legal Representatives must provide copies of legal authority to act on behalf of the patient.