



The College of Paramedicine of Prince Edward Island (CPPEI) requests the completion of this form when filing a complaint against a paramedic registered with the College.

By completing this Complaint Form you:

1. Acknowledge that you are lodging a written formal complaint and understand that the College will investigate all written formal complaints; and
2. Give permission to the College to access your records, and to request and receive copies of all medical and related records related to the complaint; and
3. Give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting documentation with any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint; and
4. Certify that the details and information provided are true, accurate and complete to the best of your knowledge.

If you have any questions concerning the above, require assistance, or would like to speak with College staff before completing this complaint, please contact the CPPEI.

Complainant Information

PERSON FILING COMPLAINT			
Name	<input style="width: 95%;" type="text"/> <small>GIVEN NAME(S), INITIAL(S)</small>	<input style="width: 95%;" type="text"/> <small>LAST NAME</small>	
Address	<input style="width: 45%;" type="text"/> <small>STREET NUMBER - STREET NAME - APT. /UNIT NUMBER</small>	<input style="width: 20%;" type="text"/> <small>CITY / COMMUNITY</small>	<input style="width: 15%;" type="text"/> <small>PROVINCE</small> <input style="width: 15%;" type="text"/> <small>POSTAL CODE</small>
Phone	<input style="width: 50%;" type="text"/> <small>-----</small>	Email <input style="width: 40%;" type="text"/>	

If you are not the client or the person directly involved in the incident, please describe your relationship to that individual (parent, spouse, child, relative, health professional, lawyer or friend):

Relationship to Client

Please be advised that if you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access personal information relating to the complaint.

CLIENT (IF DIFFERENT FROM ABOVE)			
Name	<input style="width: 95%;" type="text"/> <small>GIVEN NAME(S), INITIAL(S)</small>	<input style="width: 95%;" type="text"/> <small>LAST NAME</small>	
Date of Birth	<input style="width: 100%; border-bottom: 1px solid black; color: lightgray;" type="text"/>		
Phone	<input style="width: 50%;" type="text"/> <small>-----</small>	Email <input style="width: 40%;" type="text"/>	
Address	<input style="width: 45%;" type="text"/> <small>STREET NUMBER - STREET NAME - APT. /UNIT NUMBER</small>	<input style="width: 20%;" type="text"/> <small>CITY / COMMUNITY</small>	<input style="width: 15%;" type="text"/> <small>PROVINCE</small> <input style="width: 15%;" type="text"/> <small>POSTAL CODE</small>

Health Professional's Information

Health Professional'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 health professional? 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

Signature of Complainant: Date: