

## NOVA SCOTIA COLLEGE OF PHYSIOTHERAPISTS (NSCP)

As the licensing and governing body for physiotherapists in the province of Nova Scotia, the College takes your complaint seriously and will investigate it. Often the complaints process takes several months depending on the complexity of the complaint. If you are complaining about more than one physiotherapist, please complete a separate form for each. Additional forms may be obtained by calling 454-0158/866-225-1060 Toll Free, or you may photocopy this form.

### The Complaints Process:

To begin an investigation into your complaint please

- **Complete this form (one form per physiotherapist)**
- **Ensure the consent form signature is witnessed**
- **Forward the completed forms to the College's Investigation Committee**

If you have any questions or require assistance to complete this form, please contact Joan Ross, Registrar NSCP at 454-0158/866-225-1060 Toll Free.

### 1. Patient Information

Ms/Mrs/Mr/Dr _____	Address _____
Last Name _____	_____
Given Name _____	_____
Birth Date _____	Tel.Home _____
Health Card # _____	Tel.Work _____

### 2. Person making the complaint:

- Same as Above (#1)

**OR**

Relationship to patient _____	
Mrs/Mr/Dr _____	Address _____
Last Name _____	_____
Given Name _____	_____
	Tel.Home _____
	Tel.Work _____

*(If you are filing this complaint on behalf of the patient, please provide a copy of the documentation authorizing the complaint. Examples include: executor of an estate, legal guardian, patient's written consent, etc.)*

**3. Consent for release of information.**  
(*Inserted form*)

*Complete this form by providing the appropriate information and signatures. A witness is any adult person who can confirm that he/she saw you sign the form.*

**4. Print full name of the physiotherapist complained about along with his/her address and telephone number.**

Physiotherapist Name	Address	Telephone Number

**5. How long have you been a patient of this physiotherapist? \_\_\_\_\_**

**6. Have you brought your concerns to this physiotherapist’s attention? Yes \_\_\_ No \_\_\_**  
**Please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Provide the full name of any other individual (s) and the details of the information they may have pertaining to your complaint (e.g. other physiotherapist, doctor, chiropractor).**

Name	Address	Information details

**8. Provide full names of hospitals and dates you attended, related to your complaint, if applicable.**

Name of Hospital/Clinic	City	Date(s) attended

**9. My complaint is about: (please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Quality of care                    | <input type="checkbox"/> Inappropriate comments or conduct |
| <input type="checkbox"/> Physiotherapy records or reports   | <input type="checkbox"/> Impaired physiotherapist          |
| <input type="checkbox"/> Independent exams (FCE’s or FAS’s) | <input type="checkbox"/> Communication problems            |
| <input type="checkbox"/> Other: _____                       |  |



