



Complaint Form

Filing a Complaint with the Ontario College of Pharmacists

To initiate a complaint, please follow these important steps. All information gathered as part of a College investigation needs to be documented; therefore, your complaint and other supporting information must be in writing.

Step #1: Review the Complaints Process

Please review the Complaints Process for Complainants under Investigations and Resolutions – Complaints Resources on the OCP website www.ocpinfo.com.

Step #2: Print and Complete Form (signature required)

Please print out the complaint form, complete, sign, and attach documentation and details of complaint as required.

Step #3: Attach detailed description of complaint in writing

Please provide on a separate sheet, a detailed description of your complaint, including the following for each incident that is being reported:

- Specific date(s) of incident
- Name or description of witnesses to the incident
- Detailed description of incident
- Have your concerns been brought to the attention of the pharmacist? If so, what was the outcome?

Step #4: Attach any supporting evidence

Please forward all supporting evidence such as; prescription receipts, labels, vials of medication.

Step #5: Mail (or fax) the completed complaint form, description and evidence to:

Ontario College of Pharmacists
Investigations and Resolutions
Attention: Robert Powell, Complaints Intake Assistant
483 Huron Street
Toronto, ON M5R 2R4
Fax: (416) 847-8291

Phone: (416) 847-8226



Complaint Form

A. Person Filing Complaint

Your Name:

Address:

City: Province: Postal Code:

Phone: (Daytime) E-mail:

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

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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. An Information Release form will be mailed to the individual as required.

B. Patient Information

Patient's Name: *(if different from person filing the complaint)*

Address:

City: Province: Postal Code:

Phone: (Daytime) E-mail:

Date of birth:

C. Pharmacy Information

Pharmacy Name:

Address:

City: Province: Postal Code:

Phone:

Name of Pharmacist: (if known)

If name of pharmacist not known, physical description:

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Complaint Form

D. If the complaint relates to a dispensing incident:

Date of dispensing:

Prescription number(s):

Name of medication:

What was the incident?

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How was the incident discovered?

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Who discovered the incident?

When was the incident discovered?

Was the incident reported to the pharmacy? YES NO

When was the incident reported and to whom?

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What was the outcome when the incident was reported?

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If you would like to talk to someone about the complaints process, please contact the College's Complaints Intake Assistant Robert Powell at 416-847-8226 or 1-800-220-1921 ext 2226 or rpowell@ocpinfo.com

Thank you for bringing your concerns to our attention.

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Print your name

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Signature

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Date