

## **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](http://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?

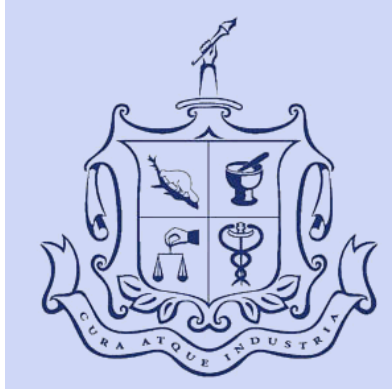
### **Step #4: Attach any supporting evidence**

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: Sheri Jackson, Complaints Officer  
483 Huron Street  
Toronto, ON M5R 2R4  
Fax: (416) 847-8499

Phone: (416) 847-8498



## 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):

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	

**D. If the complaint relates to a dispensing incident:**

Date of dispensing:	
Prescription number(s):	
Name of medication:	
What was the incident?	
How was the incident discovered?	
Who discovered the incident?	
When was the incident discovered?	
Was the incident reported to the pharmacy?	
When was the incident reported and to whom?	
What was the outcome when the incident was Reported?	

**If you would like to talk to someone about the complaints process, please contact the College's Complaints Officer Sheri Jackson at 416.847.8498 or 1.800.220.1921 ext 2498 or [sjackson@ocpinfo.com](mailto:sjackson@ocpinfo.com) .**

Thank you for bringing your concerns to our attention.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date