



# 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 found on the College's website:

<http://www.ocpinfo.com/protecting-the-public/complaints-reports/file-complaint/complaints-process/>

### Step #2: Complete Form

Please print and complete or electronically complete the complaint form, and attach documentation and details of your complaint as required.

### Step #3: Attach any supporting evidence

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

### Step #4: Submit completed complaint form along with evidence via mail, fax or email to:

Ontario College of Pharmacists  
Attention: Intakes, Conduct Operations  
483 Huron Street  
Toronto, ON M5R 2R4  
Fax: (416) 847-8499  
Email: [concerns@ocpinfo.com](mailto:concerns@ocpinfo.com)



# Complaint Form

## A. Person Filing Complaint

Your Name: .....

Address: .....

City: ..... Province: ..... Postal Code: .....

Phone: (Daytime) ..... E-mail: .....

Date of birth: .....

## 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: .....

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. A Consent Form will be mailed out with the acknowledgement letter.

## C. Pharmacy Information

Pharmacy Name: .....

Address: .....

City: ..... Province: ..... Postal Code: .....

Phone: .....

Name of Pharmacist: (if known) .....

If name of pharmacist not known, physical description (if known):

.....



# Complaint Form

**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?  YES  NO

When was the incident reported and to whom? .....

What was the outcome when the incident was reported?

.....

*If you require assistance, please call the Intakes Team at (416) 962-4861 or Toll Free: 1-800-220-1921 ext. 3800 or email us at [concerns@ocpinfo.com](mailto:concerns@ocpinfo.com)*

Thank you for bringing your concerns to our attention.

I have read and understand the above form. By checking this box, I confirm that I wish to file a formal complaint against a practitioner or practitioner(s) as outlined in this form.

.....  
Name Date

