



**Ontario College
of Pharmacists**

Putting patients first since 1871

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



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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):

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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. 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):

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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?

What was the outcome when the incident was reported?

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*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*

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

