

The College of Physicians & Surgeons of Nova Scotia

As the licensing and governing body for doctors 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 doctor, please complete a separate form for each. Additional forms may be obtained by calling 421-2201 or 1-877-282-7767, or you may photocopy this form.

The Complaints Process:

To begin an investigation into your complaint please

- **Complete this form (one form per doctor)**
- **Ensure the consent form signature is witnessed (only to be completed if you are filing a complaint on behalf of someone else)**
- **Forward the completed forms to the College's Professional Conduct Department**

If you have any questions or require assistance to complete this form, please contact the Professional Conduct Department, at 421-2201 or 1-877-282-7767.

Introduction

Are you the patient: _____

If no, is the patient deceased? _____

If the patient is deceased, did they have a will? _____

When filing a complaint on behalf of a deceased individual, the College needs to verify the complainant has the authority under the Personal Health Information Act (PHIA) to receive details of the patient's health history and will require a copy of the documentation to authorize the complaint (i.e. will, death certificate, etc.).

If you are not the patient, please see attached Consent Form. It must be signed by the patient or legal guardian. If the patient is deceased, the form must be signed by the executor of the patient's estate. Submit completed form with the complaint.

If the patient died without a will, please contact the College's Public Support Advisor to discuss other options available to you.

Complainant Information (If filing complaint on behalf of another individual)

Title (Ms./Mrs./Mr./Dr./Other): _____

First Name:	Middle Name:	Last Name:

Phone (Work)	Phone (Home)	Phone (Mobile)

Street/PO Box	Apt. #	City	Province	Postal Code

Relationship to Patient: _____

Patient Information:

Title (Ms./Mrs./Mr./Dr./Other): _____

First Name:	Middle Name:	Last Name:

Date of Birth:	Health Card Number:

Phone (Work)	Phone (Home)	Phone (Mobile)

Patient Address (If different from complainant)

Street/PO Box	Apt. #	City	Province	Postal Code

Doctor Information:

First Name:	Last Name:

Phone number: _____

Location where care was provided: _____

How long has/was the patient under the care of this doctor? _____

Have the concerns been brought to the doctor's attention? (Please circle one)

** You are **not** required to inform the doctor of your concerns prior to making a College complaint, but it is helpful for us to know if the doctor is aware and how the doctor responded to your concerns.*

Yes	No
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Other Information:

Provide details regarding any other healthcare professionals or facility that provided care related to this complaint:

Name of Healthcare Provider or Facility:	City:	Date Attended:

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Actions Taken:

Have you brought your concerns to other authorities for investigation such as hospitals or law enforcement?
(Please circle one):

Yes	No
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If yes, who?

Description:

Please explain in your own words an account of the incident in question, including dates or approximate dates.
Please print or type (Attach additional pages if necessary).

Summary:

Provide a brief list in point form outlining the specific concerns related to the care received from the doctor in this complaint:

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Please attach any relevant information that will assist our investigation into this complaint.

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Complainant Signature

Date

**COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA
Suite 400 - 175 Western Parkway
Bedford, NS B4B 0V1**

**Telephone: (902) 421-2201
Toll free in NS: 1-877-282-7767
Fax: (902) 422-5271**

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AUTHORIZATION AND CONSENT TO RELEASE OF INFORMATION

If you wish to file a complaint on another person's behalf or regarding the care provided to a deceased patient, please refer to the consent requirements outlined. Consent is required for the following circumstances:

- An adult patient or mature minor has asked you to file a complaint on their behalf;
- You are the legal guardian of a dependent minor and wish to file a complaint regarding their care;
- You are the Executor of the estate of a deceased patient and wish to file a complaint regarding their care; OR
- You are not the Executor of the deceased patient's estate but have consent of the Executor to file a complaint regarding the deceased patient's care.

*If the deceased patient does not have an Executor, you are encouraged to contact the College to discuss your options.

CONSENT

Patient's Signature

OR

*Legally authorized Representative**

(Signature)

(Print Name)

Relationship to patient (please state)

Date

Name of Witness (print)

Address

Phone Number

Signature of Witness

Date