

College of Physiotherapists of Ontario
375 University Avenue, Suite 800, Toronto, Ontario M5G 2J5

To file a complaint with the College of Physiotherapists of Ontario, please complete the form below. Asterisks (*) mark the required fields. If you have questions or concerns, please contact the Associate, Professional Conduct at investigations@collegept.org or call 416-591-3828 ext. 227 or 1-800-583-5885 ext. 227. You can expect to receive a letter from the College within the next two weeks confirming receipt of your complaint.

BASIC INFORMATION

First name * _____ Last name * _____

Primary phone number * _____ Secondary phone number _____

Email address * _____

Address * _____

City * _____ Province * _____ Postal Code * _____

Home address (if different from above)

City _____ Province _____ Postal Code _____

INCIDENT INFORMATION

Are you the patient? * Yes No

Name of the physiotherapist/physical therapist* _____

Facility name _____

Specific concerns about the physiotherapist/physical therapist *

Date(s) for specific incident(s) if applicable _____

SUPPORTING DOCUMENTS (OPTIONAL)

If you wish, please provide any supporting documents with your complaint.

Have you provided additional documents? (Optional) Yes No

By signing this form, I understand that I am filing a formal complaint against a physiotherapist/physical therapist.

Signature

Date