

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

*Mailing Address:* College of Physiotherapists of Ontario c/o Regus Business Centre, 1 Dundas Street West, Eaton Centre, Suite 2500, Toronto, Ontario M5G 1Z3 Canada

To file a complaint with the College of Physiotherapists of Ontario, please complete the two pages of the form below and provide as much detail as possible about what happened. Asterisks (\*) mark the required fields. After your complaint has been received, you will hear back from a College staff person within two business days. If you have questions or concerns, please contact [investigations@collegept.org](mailto:investigations@collegept.org) or call 416-591-3828 ext. 227 or 1-800-583-5885 ext. 227.

## Basic Information

First name \* \_\_\_\_\_ Last name \* \_\_\_\_\_

Pronoun (optional) She/Her, He/Him, They/Them, Xe/Xem, Ze/Hir, Other \_\_\_\_\_ If optional pronoun Other, please indicate \_\_\_\_\_

Home phone number \* \_\_\_\_\_ Mobile or cell phone number \_\_\_\_\_

Email address \* \_\_\_\_\_

Address \* \_\_\_\_\_

City \* \_\_\_\_\_ Province \* \_\_\_\_\_ Postal Code \* \_\_\_\_\_

You can look up the name of the physiotherapist and the clinic or facilities' addresses using the online Public Register.

Visit <https://portal.collegept.org/public-register>

## Complaint Information

Are you the patient?\*  Yes  No

If you are not the patient please explain who you are and what your role is: \_\_\_\_\_

Physiotherapist's Name\* \_\_\_\_\_

Facility or Clinic Name and Address\* \_\_\_\_\_

Please describe in detail what happened and your concerns about this physiotherapist.

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Have you spoken with the physiotherapist who was involved about your concerns or the event?  Yes  No  I'm not sure

If you have spoken with the physiotherapist or someone at the clinic, please provide details about what was discussed and what happened at the end of the conversation. What was the outcome?

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Who was involved in this incident or event? List everyone who was involved or would have seen or heard the event or issue you are making a complaint about.

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Where specifically did the incident or event take place? For example, was it in the examination room or the waiting room?

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Please select all of the categories below that best describe your concerns or complaint.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sexual abuse   | <input type="checkbox"/> Causing injury or harm | <input type="checkbox"/> Providing physiotherapy while impaired |
| <input type="checkbox"/> Patient records or record keeping  | <input type="checkbox"/> Billing practices      | <input type="checkbox"/> Advertising                            |
| <input type="checkbox"/> Consent  | <input type="checkbox"/> Communication issues   | <input type="checkbox"/> Other concerns or issues not listed    |
| <input type="checkbox"/> Crossing professional boundaries — taking advantage of a power imbalance between the physiotherapist and the patient |   |   |

If you selected “Other Concerns or issues not listed”, please explain:

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Please provide any other information that you think the College of Physiotherapists of Ontario should know about at this time.

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What is the outcome or result you expect from making this complaint?

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Have you provided additional documents? (Optional)  Yes  No

If you want to include supporting documents with your complaint such as invoices, photos or notes for example, please attach them to this complaint form.

**By signing this form, I understand that I am filing a complaint to the College of Physiotherapists of Ontario about a physiotherapist.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date