



The Complaints Process Form

The Nova Scotia Podiatry Association (NSPA) is responsible for investigating and resolving complaints about Podiatrists in Nova Scotia. The complaint investigation process may include disclosing personal identifiable information such as diagnostic, treatment and patient care information. Please be aware that the complaints process may take several months depending on the complexity and severity of the complaint.

To begin an inquiry into your complaint please:

- Complete this form
- Ensure all signatures are authorized and additional information is provided
- MAIL THE ORIGINAL completed form to the NSPA Registrar.

The College will then:

- 1) Send a copy of your completed form to the Podiatrist(s) in question to obtain a response, as necessary.
- 2) Contact other individuals and institutions named in your completed form who may have information relevant to your complaint. They may receive a copy of your completed form.
- 3) Review any information received. Further communication with the parties involved may occur.
- 4) Provide you with a written response. The podiatrist(s) will also receive a copy.

1. Information from person making the complaint:

Name			
	Last	First	Initial(s))
Address			
City	Province		
Postal code	Country		
Telephone (with area code)	Home	Work	
	Cell	Fax	
Email			

Telephone number where we can contact you during the day (9:00 a.m. - 5:00 p.m.)

If you are filing this complaint on behalf of the patient, please provide a copy of the documentation authorizing your ability to do so. Examples include: executor of an estate; legal guardian; patient's written consent, etc.

2. Patient information

Birth Date (dd/mm/yyyy) ____/____/____

Please tick if address information same as above

Name			
	Last	First	Initial(s)
Address			
City	Province		
Postal code	Country		
Telephone (with area code)	Home	Work	
	Mobile	Fax	
Email			

Telephone number where we can contact you during the day (9:00 a.m. - 5:00 p.m.)

3. Authorization for release of information:

Complete this form by providing the appropriate information and signatures. A completed form is necessary to perform a full investigation into your complaint.

(NOTE: A witness is defined as any adult person who can confirm that he/she saw you sign this form.)

4. Provide the full name of the podiatrist you wish to complain about along with his/her address and telephone number.

(NOTE: A copy of your complaint form will be sent to these individuals.)

Podiatrist Name(s):	Address(s):	Phone number(s):

5. Provide the full name of any other individual(s) who may have information regarding this complaint. (e.g. other podiatrist, therapist, witness(es) who were present), as well as their address(es) and telephone numbers.

Attach additional pages if necessary.

(NOTE: A copy of your complaint form may be sent to these individuals.)

Name(s):	Contact Information:	Information/Details

6. My complaint(s) is/are about:

7. Provide a clear description of the complaint(s) you have about the podiatrist(s). Please include in your description what the podiatrist did or failed to do to cause you to complain, including:

- a. what happened;
- b. where it happened; and
- c. when it happened (in chronological order).

Attach additional pages if necessary.

Continue next page if necessary

8. What do you hope will happen as a result of your complaint?

(NOTE: The NSPA cannot provide financial compensation nor can we direct or arrange patient care.)

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

____/____/____

Signature of person making the complaint

Date signed (dd/mm/yyyy)

MAIL THE ORIGINAL completed form to the NSPA Registrar at:

Complaints Department
Nova Scotia Podiatry Association
PO Box 29062
Halifax, NS
B3L 2H0