

Under the *Regulated Health Professions Act, 1991* (RHPA) and the *Psychotherapy Act, 2007*, the College of Registered Psychotherapists of Ontario (CRPO) is mandated to accept and investigate complaints of professional misconduct, incompetence and incapacity regarding College members. To file a formal complaint with CRPO about a Registered Psychotherapist (RP), complete this form and mail, fax or email it to the College. Please provide as much information as you can. It is acceptable, however, to provide partial information at this stage of the complaints process.

If you would like to talk to someone at the College about the care you received from an RP, the RP's conduct, or the College's complaints process, please contact us at:

Tel: 416-479-4330, ext.131
1-844-712-1364 (General toll-free line)

Fax: 416-639-2168

Email: complaints@crpo.ca

Mail: Attn: Professional Conduct Department
College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 803
Toronto, ON M5G 2J5

Please note that the College has no authority to direct the RP to provide any kind of monetary compensation, including refunds. The College's complaints process deals with the professional conduct, competency or capacity of Registered Psychotherapists.

The RP you are complaining about will be notified of your complaint within 14 days. A copy of your complaint will be provided to the RP and he or she will be asked to provide a response.

PERSON REGISTERING COMPLAINT

Name: _____

Pronouns: They, Them, Theirs She, Her, Hers He, Him, His Other: _____

Street No. & Name: _____ Suite No.: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Primary Daytime Phone Number: _____

Alternate Daytime Phone Number: _____

Email Address* (Optional): _____

***Depending on the nature of the communication, the College may choose to contact you by email or by another method.**

CLIENT INFORMATION (IF DIFFERENT FROM THE PERSON REGISTERING THE COMPLAINT)

Name:

Pronouns: They, Them, Theirs She, Her, Hers He, Him, His Other:

Street No. & Name: _____ Suite No.: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Primary Daytime Phone Number: _____

Alternate Daytime Phone Number: _____

If you are making a complaint on behalf of or regarding a client of an RP, the College will request consent from the client to release confidential information. If you are not the client or the person directly involved in the incident(s), please describe your relationship to that individual:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Healthcare Professional |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Child | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other: <input type="text"/> |

Is the client aware that you are making this complaint?

- Yes
- No

If not, please explain why the client is not aware that you are making this complaint:

REGISTERED PSYCHOTHERAPIST ABOUT WHOM YOU ARE COMPLAINING

(PLEASE COMPLETE ALL KNOWN INFORMATION)

Name:

Business Name:

Street No. & Name:

Suite No.:

City:

Province:

Postal Code:

Country:

Telephone:

CRPO Registration No.: (If known)

COMPLAINT DETAILS

Date(s) of incident(s):

Location(s) of incident(s)

Your concerns about the RP's care, behaviour, etc.:

A large, empty rectangular box with a thin black border, intended for the user to write their concerns about the RP's care, behaviour, etc.

What do you want to happen as a result of making this complaint to the College? Please describe what you think would be a good outcome. *Please note, while your preferences will be reviewed by the Inquiries, Complaints and Reports Committee (ICRC), the outcome is ultimately determined based on level of risk the registrant poses to the public.*

Names and contact information for witnesses or anyone else involved in this matter (please note that witnesses may be contacted by the College):

Please attach any documents you may have that support your complaint, and provide an explanation below of how each document relates to your concerns.

I am providing supporting documents

By entering my name below, I understand that I am filing a formal complaint against a Registered Psychotherapist.

Please note:

1. In many cases, the College will need to obtain the member's clinical record/notes about the client's care. If you have a concern about this, please contact the College before filing your complaint.
2. If you are a regulated health professional or employer filing a mandatory report, do not use this form. Rather, send the information in a fax, letter or email to the attention of the Registrar. (A mandatory report is information about a member's conduct that other regulated health professionals or employers are legally required to submit to the College.)

Type, Sign or Write Name:

Date:

Thank you for bringing your concerns to our attention.