



# Newfoundland and Labrador Council of Health Professionals

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## Complaint Form

### Section A: Your Contact Information

Name: \_\_\_\_\_

Street/P. O. Box: \_\_\_\_\_

Town/City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone numbers:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

E-Mail Address:

## Section B: Details of your Complaint

Please identify the Health Professional you are making this complaint about. The Newfoundland and Labrador Council of Health Professionals will send a copy of this complaint to the Health Professional.

Health Professional's Name and Profession:

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Where did this incident occur (private clinic, hospital, etc)?

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When did this incident occur (date of appointments, services, etc.)?

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## Section C: Please tell us what happened

Please describe your complaint in as much detail as possible; please use additional space/pages if required. Be sure to include specific information on what occurred between you and the Health Professional. Please enclose copies of any documents that you feel are related to your complaint.

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To help the Newfoundland and Labrador Council of Health Professionals review your complaint, please list in point form the questions/concerns you would like the Health Professional to address.

- 1.
  
- 2.
  
- 3.
  
- 4.
  
- 5.

Please use additional space if needed.

## Section D: Signature

It is important to read this paragraph before signing the form:

By signing this form, you are making an allegation of conduct deserving of sanction against the Health Professional named in the form. You are authorizing the Council to provide that Health Professional with a copy of this form completed by you (or your solicitor) and with any related information you have provided to the Council about your complaint.

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Signature of Person Making Complaint (or person's solicitor)

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Date of Complaint

Please return the original complete, signed form to the NLCHP by mail or by hand. Do not send the completed form by fax or e-mail.

Mailing address:

**Registrar**  
**209 Blackmarsh Road**  
**St. John's, NL**  
**A1E 1T1**