



New Brunswick College of Pharmacists Ordre des pharmaciens du Nouveau-Brunswick

*To protect and promote the health and well-being of New Brunswickers by regulating pharmacy practice.
Protéger et promouvoir la santé et le bien-être des gens du Nouveau-Brunswick en réglementant l'exercice de la pharmacie.*

CONTACT INFORMATION & COMPLAINT FORM

A. INFORMATION ABOUT YOU (THE PATIENT AND COMPLAINANT)

Preferred salutation:	
First Name:	
Last Name:	
I prefer to be called:	
Email Address:	
Phone Number:	
Mailing Address:	
Preferred Language of Communication:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both

B. INFORMATION ABOUT THE PERSON CONTACTING THE COLLEGE ON BEHALF OF THE PATIENT:

Preferred salutation:	
First Name:	
Last Name:	
I prefer to be called:	
Email Address:	
Phone Number:	
Mailing Address:	
Preferred Language of Communication:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both

Relationship to the Patient:	<input type="checkbox"/> spouse <input type="checkbox"/> partner <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> sibling <input type="checkbox"/> other: _____
Reason to act on behalf of the Patient, they:	<input type="checkbox"/> provided their consent/authorization <input type="checkbox"/> does not have the capacity to consent and I am acting as their legally authorized representative <input type="checkbox"/> is deceased and I am the Executor of Administrator of their estate <input type="checkbox"/> is a minor child and I am their parent/guardian <input type="checkbox"/> other: _____
Legal Document providing the authorization to act on behalf of the Patient:	<input type="checkbox"/> Authorization signed by the Patient <input type="checkbox"/> Power of Attorney <input type="checkbox"/> other: _____ * Provide a copy of the applicable document.

C. INFORMATION ABOUT THE PHARMACY (DEEMED TO BE AGAINST THE PHARMACY MANAGER) OR THE REGISTRANT (A PHARMACIST OR A PHARMACY TECHNICIAN) THAT THE COMPLAINT IS BEING FILED AGAINST:

Complete and file a separate form for EACH pharmacy and/or registrant you are making a complaint about.

Name of the Pharmacy or the registrant involved:	
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D. INFORMATION ON THE COMPLAINT:

1. Name of the Pharmacy where the incident(s)/issue(s) occurred:	
2. Address where the incident(s)/issue(s) occurred (street, city/town, etc.):	

<p>3. Date(s) the incident(s)/issue(s) occurred:</p>	
<p>4. Details of the incident(s)/issue(s):</p>	
<p>5. Details of your discussion(s) with the registrant(s) involved to address the incident(s)/issue(s):</p> <p>(for example, date, location and duration of the meeting you scheduled with them following the incident(s)/issue(s), who was present, what was discussed, what resolution was discussed/reached, etc.)</p>	
<p>6. Details of the efforts you made to resolve the incident(s)/issue(s):</p> <p>(for example, communications with the registrant since the incident(s)/issue(s), communications with their</p>	

<p>manager, complaint to their head office, transferred to another pharmacy, etc.)</p>	
<p>7. Details of how your health was or could have been impacted:</p>	
<p>8. Suggestion of how the incident(s)/issue(s) could have been handled differently:</p>	
<p>9. Suggestion of how this complaint could be resolved:</p>	
<p>10. Other information to be considered:</p>	
<p>11. List of supporting documents, if applicable:</p> <p>(for example, policies, procedures, patient records, reports, emails, etc.)</p>	

E. ACKNOWLEDGEMENT, CONSENT AND AUTHORIZATION

By completing and submitting this Contact Information & Complaint Form, I acknowledge, consent to and authorize the following declarations:

1. the New Brunswick College of Pharmacists (the “College”) will provide a copy of this Contact Information & Complaint Form and any supporting documents submitted with it to the Respondent named in this complaint (being the registrant or the pharmacy manager, in the case of a complaint filed against a pharmacy);
2. the Respondent will have the opportunity to reply to my allegations;
3. the Respondent may release to the College any information and/or documentation in their possession relating to this complaint, including but not limited to my *Client Profile* and my *Prescription Records*, which may include my personal information and my personal health information;
4. I waive my pharmacist’s and pharmacy’s duty to keep my personal information and my personal health information confidential;
5. if this complaint is subject to an investigation:
 - a. I may be contacted for further information or to clarify the information I provided;
 - b. if required to be interviewed by an inspector, the interview can be recorded; and/or
 - c. this complaint may be discussed with the Respondent and/or third parties that may have information relevant to this complaint;
6. any information (personal information and/or personal health information) and documentation collected in this form, from me, from the Respondent or in an investigation could be provided to:
 - a. a Panel of the Complaints Committee;
 - b. a Panel of the Discipline and Fitness to Practice Committee, whose hearings are public;
 - c. Legal counsel;
 - d. other departments of the College, to carry out the purposes of those departments; and/or
 - e. any other person or agency, as required, to meet legal obligations.

SIGNATURE

DATE

Before filing the Contact Information & Complaint Form, please be sure to:

- complete all sections;
- provide copies of supporting and/or relevant documents (for example reports, emails, etc.) and explain how they support your complaint;
- provide a copy of the Authorization, Power of Attorney, etc. in which you are named as their legal representative. If not, a Consent Form will have to be signed by the patient to authorize the College to communicate with you on their behalf, unless you are filing the complaint on behalf of a minor patient; and
- retain copies of all documents for your records.

You may file this Contact Information & Complaint Form and supporting and/or relevant documents by:

- Email: aoc@nbpharmacists.ca
- Fax: 506-857-8838 – Attention: Administrator of Complaints
- Mail: New Brunswick College of Pharmacists
c/o Administrator of Complaints
686 St. George Boulevard, Suite 200
Moncton, N.B.
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