



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.*

COMPLAINT FORM

A. INFORMATION ABOUT YOU (PATIENT AND COMPLAINANT)

First Name:	
Last Name:	
I prefer to be called:	
Email Address:	
Phone Number:	
Mailing Address:	
Preferred Language of Communication:	English French

B. IF THE PATIENT IS NOT COMPLETING THIS FORM THEMSELVES – INFORMATION ABOUT THE PERSON CONTACTING THE COLLEGE ON THEIR BEHALF

First Name:	
Last Name:	
I prefer to be called:	
Email Address:	
Phone Number:	
Mailing Address:	
Preferred Language of Communication:	English French
Relationship to the Patient:	spouse/partner parent child sibling other: _____

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

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

Name of the Pharmacy or the registrant involved:	
Name of the Pharmacy where the incident occurred:	
Address where the incident occurred:	

D. INFORMATION ON THE INCIDENT:

1. Date the incident occurred:	
2. Details of the incident:	

<p>3. Details of how your health was or could have been impacted:</p>	
<p>4. Suggestion of how the incident could have been handled differently:</p>	
<p>5. Details of the efforts you made to resolve the incident:</p> <p>(for example, discussions with the registrant and/or the pharmacy manager, complaint to their head office, transferred to another pharmacy, etc.)</p>	
<p>6. Suggestion of how this complaint could be resolved:</p>	
<p>7. Other information to be considered:</p>	
<p>8. List of supporting documents, if applicable:</p> <p>(for example, patient records, reports, emails, etc.)</p>	<ol style="list-style-type: none"> 1. 2. 3. 4.

E. ACKNOWLEDGEMENT, CONSENT AND AUTHORIZATION

By completing and submitting this 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 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 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 Complaint Form, please be sure to:

complete all sections;

provide copies of supporting documents and explain how they support your complaint;

provide a copy of the legal document (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 Complaint Form and supporting 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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