



Ontario Association of Osteopathic Practitioners

668 Silver Star Blvd. Unit 212, Tel: (416) 273-4751, Fax: (416) 551-5426

e-Mail: office@osteopathicboard.org

Complaint Form

Your Information

First Name: _____ Last Name: _____

Address _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

Cell phone number: _____ Fax Number: _____

e-mail address _____

Can we share your contact details with the osteopath? Yes No

Are you complaining for yourself? Yes No

if yes, are you still seeing the osteopath? Yes No

Are you complaining for a patient? Yes No

If yes, what is your relationship to the patient? _____

Does the patient know you are making this complaint for them? Yes No

Declaration:

I do not object to the osteopath seeing my complaint and I give my permission for any of my medical records and reports to be passed on to the Ontario Association of Osteopathic Practitioners to help to investigate the claims I have made. I would be willing to appear as a witness at any hearing that might take place.

I declare that the information I have given is true and accurate.

Signed: _____ Date: _____

If you are making this complaint for another person, please ask them to sign this form to show that they know the complaint is being made for them, they know about the procedures that will be followed and that they give their permission to this.

Signed: _____ Date: _____

Check List:

Thank you for filling in this form. Please make sure you have:

- given full details of the osteopath involved;
- given as much information as you can about your complaint along with any supporting

- filled in all sections of this form;
- kept a copy of this filled-in form for your records; and
- carefully read and signed the declaration.

Please send or fax the form to:

Fax Number: (416) 551-5425