

# Make a Complaint Form



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

College of Nurses of Ontario  
101 Davenport Rd., Toronto, ON M5R 3P1  
[www.cno.org](http://www.cno.org)

Telephone: 416 928-0900  
Toll-free (Canada): 1 800 387-5526  
Fax: 416 928-6507

## To make a complaint, please complete this form.

You will need to include details about your complaint, including:

- the date(s) and time(s) the incident(s) occurred
- the name(s) of the nurse(s) involved
- the name and address of the facility where the incident(s) occurred.

Having this information readily available will make it easier to complete the form.

Once you have completed the form, save it, print it and sign the paper version.

Mail your signed form to:

Executive Director & CEO  
c/o Professional Conduct Department  
College of Nurses of Ontario  
101 Davenport Road  
Toronto, ON M5R 3P1

If your complaint includes an allegation of sexual abuse, you may be eligible for funding for therapy and counselling. You can find more information [here](#).

**The College may obtain your, or the client's, personal health information for the purpose of investigating your complaint.**

**Please note that we will notify the nurse(s) of your complaint and will provide the nurse(s) with a copy of it.**

### What the College cannot do

- Address complaints about the facility where the incident occurred
- Address complaints about other health care professionals who are not registered with the College of Nurses of Ontario (for example, physicians or pharmacists)
- Directly intervene in a patient's care
- Provide any financial compensation to patients, complainants or their families
- Process complaints without notifying the nurse(s) about the complaint

If you would like to talk to someone about the complaints process, please email [PublicComplaints@cnomail.org](mailto:PublicComplaints@cnomail.org) or call 416 963-7503 (toll-free in Canada 1 877 963-7503).

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Please review the Privacy Code on the College's website ([www.cno.org/privacy](http://www.cno.org/privacy)) to understand how personal information will be used.

## 1. Your contact information

_____	_____
Last name, first name	Mailing address
_____	_____
Day time phone number	City Province/State Postal/ZipCode

## 2. Information about the patient (check mark if same as above)

_____	_____
Last name, first name	Mailing address
_____	_____
Day time phone number	City Province/State Postal/ZipCode
_____	_____
Patient's date of birth: (DD/MMM/YYYY)	What is your relationship to the patient? (For example, self, friend, family, caregiver)

## 3. Complaint details Fill in as many details as you can about the nursing issues.

_____	_____
Name of the nurse or nurses involved: (First & last name)	Facility or hospital address
_____	_____
Date and time that the issue arose: (DD/MMM/YYYY)	City Province/State Postal/ZipCode

**Complaint details:** Describe the event(s) that led to this complaint. If you have more than one event, please list them individually. Use a new text box to capture each incident that happened to cause you concern.

# Make a Complaint Form



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Did you try to resolve this issue yourself? For example, did you raise it with the facility where the nurse works?

If you raised the issue, what was the outcome?

#### 4. 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 for the issue or issues you have raised:

#### 5. Please sign and date your complaint.

\_\_\_\_\_

Print your name

\_\_\_\_\_

Signature (allow for electronic signature)

\_\_\_\_\_

Date (DD/MMM/YYYY)

## Thank you for bringing your concern to our attention.