



COMPLAINT FORM

THE YUKON MEDICAL COUNCIL

The responsibility of the Yukon Medical Council is to regulate the practice of medicine under the *Medical Profession Act*. The Council's aim is to resolve complaints involving practitioners fairly and effectively. If you are concerned about the conduct or care you have received from a doctor, you have the opportunity to make a complaint to the Yukon Medical Council.

Our goal is to have competent physicians practising safe medicine for the benefit of the public.

Making a complaint....

Resolving a complaint is achieved by understanding the situation and circumstances surrounding the issue from both the complainant's perspective and the perspective of the physician. Notice of complaints to the Yukon Medical Council are researched and reviewed thoroughly to ensure quality health care. Please provide as much information as possible to make sure the matter is clearly explained. Ensure that all the details provided are specific to your complaint. There is no requirement for you to have a lawyer to file a complaint. However, to be reviewed by the Yukon Medical Council, you must complete the following complaint form.

When a complaint is received....

As a first step in the investigative process, the Registrar of Medical Practitioners will determine the nature of your complaint (ie: treatment related, administrative, non-standard). The doctor identified in your letter will be provided with a copy of the complaint and asked to respond. Once all necessary information has been collected, qualified medical personnel, who may be from outside of Yukon, will review the file. If the physician, who the complaint is against, is a member of the Yukon Medical Council s/he will be excused from the Council during all discussions relating to your complaint.

Expectations and outcomes....

The Yukon Medical Council tries to ensure that any problems identified, as a result of an investigation, will be corrected.

The possible outcomes of an investigation may include:

- No further action be taken; evidence submitted does not support the complaint
- The physician take corrective measures, either by further education or a restriction of practice
- Disciplinary action
- Physician licensing be suspended



There are a significant number of situations where complaints arise due to misunderstanding or misinterpretation of the doctor's actions or instructions. Should this be the case with a matter brought forward, the Yukon Medical Council may:

- Assist in communicating your concerns to the doctor
- Bring the matter to the attention of the doctor, ensuring corrective measures are in place

When the investigation has been completed, you and the doctor will receive a decision in writing from the Yukon Medical Council. The complaint process will not result in financial compensation to you as financial awards are outside the authority of the Yukon Medical Council.

Appeals....

There is a level of appeal available to you should you choose to use that option. More information can be obtained from the office of the Registrar of Medical Practitioners.

Patient Information

Ms/Mrs/Mr/Dr _____ Full Name _____

Address _____

City _____ Postal Code _____

Email _____

Daytime Phone # _____

fax # _____

Date of birth _____

Yukon Health Care Card # _____



If you are making the complaint on behalf of the patient please complete the following if your information is different from above

Ms/Ms/Mr/Dr _____ Full Name _____

Address _____

City _____ Postal Code _____

Email _____

Phone # _____ Fax # _____

Relationship to patient _____

Also provide a copy of the documentation authorizing your ability to do so. Examples include: executor/executrix of an estate, legal guardian, person with power of attorney, administrator of the estate or patient's written consent, etc.

Complete this form by providing the appropriate information and signatures. A witness is any adult person who can confirm that he/she saw you sign the form. The original completed form is required to perform a full investigation into your complaint.

Provide the full name of the physician(s) you wish to complain about along with his/her address and telephone number. A copy of your complaint will be sent to these individuals.

Physician's full name _____

Address _____

City _____ Postal Code _____

Telephone # _____ Specialty _____

Dates attended _____

Occurred at _____ office _____ hospital _____ other _____

Have you tried speaking to this physician about your concern? ____ yes ____ no

Details of what the physician said/did to address your concerns:

Attach additional pages if necessary _____



Provide the full name of any other individuals(s) who may have information regarding this complaint. Please include the details of the information they may have about your complaint. For example, other physician, therapist, witness(es) who were present, as well as their addresses and telephone numbers. Attach additional pages if necessary. (A copy of your complaint may be sent to these individuals).

Name	Contact information	Information details

If your complaint involves care you received in a hospital provide the name(s) of the hospital, location and date you attended.

Name	City	Date(s) attended

My complaint is about: (please check all that apply)

Quality of care

Medical records or reports

Inappropriate comments or conduct

Prescribing

Other



Please attach any relevant information that will assist our inquiry into this complaint.

Signature of person making complaint

Date signed

The personal information contained on this form is collected under the *Medical Profession Act* and will be used only for the purpose of responding to your complaint. For further information, contact the Registrar of Medical Practitioners at (867)667-3774; toll free within Yukon 1-800-661-0408 extension 3774.

When applicable:

As the patient, I consent to the Yukon Medical Council disclosing information concerning my complaint (including personal identifiable information, such as diagnostic, treatment and patient care information) to the person making the complaint on my behalf.

Patient's signature

Date signed

Please mail your completed form to:

**Yukon Medical Council (C-18)
PO Box 2703
Whitehorse, Yukon Y1A 2C6**



Authorization for Release of Information

I understand my signature on this release will allow the Yukon Medical Council where applicable to:

1. forward a copy to the College of Physicians and Surgeons of Alberta for the purposes of investigation.
2. obtain medical records or other information, as specified in my complaint relevant to my complaint issue(s) (medical records include person identifiable information, diagnostic, treatment and care documentation).
3. provide a copy of my complaint to the physicians(s) named and all other persons providing information.
4. disclose, where applicable, information concerning my complaint including person identifiable information, diagnostic, treatment and care information to the person making the complaint on my behalf;
5. use this original form for faxing/photocopying to collect information from physicians and facilities and the copy of this form shall be as valid as the original;

in order to investigate certain matters under the *Medical Professions Act*.

This will authorize the release of records, including medical information or otherwise, concerning

Print patient's full name

date of birth

I understand why I have been asked to consent to the disclosure of this information. I also understand that this consent is valid for a two-year period past the date signed and that I may revoke this consent in writing at any time.

Signature of Patient or Legal Representative *

date signed

signature of witness

date signed

print full name of witness

* If you are the legal representative of the patient, please provide legal documentation authorizing your signature. Examples include: executor/executrix, administrator of an estate, legal guardian, person with power of attorney, or patient's written consent etc.