Office Use Only: **CC 202_-___**

SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

100 – 1964 Park Street
Regina, SK S4N 7M5
Phone: 306-584-2292 Fax: 306-584-9695
Email: complaints@saskpharm.ca
Website: www.saskpharm.ca

COMPLAINT FORM

In order to ensure the receipt of **comprehensive written details**, the Saskatchewan College of Pharmacy Professionals requests the completion of this form.

By completing this Complaint Form you:

1. Acknowledge that you are lodging a written formal complaint and understand that it is the policy of the College to investigate all written formal complaints; and

2. Give permission to the College to access your pharmacy records and request and receive copies of all medical and pharmacy related records related to the complaint; and

3. Give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting documentation with any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint; and

4. Certify that the details and information provided are true, accurate and complete to the best of your knowledge.

If you have any questions concerning the above, require assistance, or would like to speak with College staff before completing this Complaint Form, please contact the College office at 306-584-2292 or email complaints@saskpharm.ca.

Please Print

Date of Submission: _____ / _____ / _____
Month Day Year

1. COMPLAINANT INFORMATION

Complainant Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Email Address: _____

Are you lodging this complaint on behalf of another person? ☐Yes ☐No

If yes, please provide the name of the person: _____

Saskatchewan Health Services Number: _____

Please Note: When lodging a complaint on behalf of another person whom you do not have legal authority to consent to the release of his/her personal health information, the College must contact him/her directly to obtain consent.

2. ALLEGATION DETAILS

Date of Incident: (Month/Day/Year) _____

Name of Pharmacist/Pharmacy Technician (if known): _____

Pharmacy Name: _____

Address: _____

3. NATURE OF THE COMPLAINT (please check all that apply)

☐ MEDICATION ERROR (for Medication Errors, please also fill in all of the details below)

☐ Incorrect Patient ☐ Incorrect Drug ☐ Incorrect Strength

☐ Incorrect Directions ☐ Incorrect Quantity ☐ Incorrect Dosage Form

☐ Incorrect Doctor ☐ Out-of-Date Drug Dispensed

*If available, provide a copy of the Prescription Label **OR** provide the details from the Prescription Label:*

1. Prescription Number: _____
2. Date of Issue: _____
3. Drug Name: _____
4. Physician's Name: _____
5. Pharmacy Professional's Initials: _____
6. Directions: _____
7. Pharmacy Name/Address/Phone Number: _____

_____

How was the incident discovered? _____

_____

_____

Who discovered the incident? _____

When was the incident discovered? _____

Was the incident reported to the pharmacy and if so, when and to whom? _____

_____

Was the incident reported to another health care professional or agency? _____

_____

What was the outcome when the incident was reported? _____

_____

_____

_____

☐ COMMUNICATION ISSUES / UNPROFESSIONAL BEHAVIOUR

☐ PRIVACY / CONFIDENTIALITY

☐ OTHER

4. NARRATIVE OF COMPLAINT

Please use your own words to describe the complaint. Please also provide any supporting documentation; this may include things such as photographs of medication, prescription containers/vials, receipts or anything else that you believe supports your complaint.

If required, please use additional pages (please number and sign each additional page).

NARRATIVE OF COMPLAINT (continued)

5. OUTCOME OF COMPLAINT

What is your expectation in bringing this complaint?

☐ **Additional Page(s) Attached. Total number of pages including attachments:** _____

By signing below:

I ACKNOWLEDGE that it is the policy of the Saskatchewan College of Pharmacy Professionals to investigate all written formal complaints. I understand and accept that by submitting this Complaint Form that I am lodging a written formal complaint which the College will investigate.

I CONSENT to the use of the information contained in this Complaint Form by the authorized recipient, the Saskatchewan College of Pharmacy Professionals, its affiliates and employees, who are relieved of any responsibility of liability resulting from use of the information. I give permission to the College to access my pharmacy records and request and receive copies of all medical and pharmacy related records related to the complaint. I give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting information to any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint. I confirm that all details and information provided herein by me are true, accurate and complete to the best of my knowledge.

_____

SIGNATURE OF COMPLAINANT (or agent)

_____

DATE

Extra Page

Page #_____

_____

SIGNATURE OF COMPLAINANT (or agent)

_____

DATE