



File a Complaint

Note: All fields marked with an asterisk (*) are required.

Person Registering Complaint

First name*

Last name*

Primary Phone Number

Secondary Phone Number

Email Address

Address*

City*

Province*

Postal code*

Occupational Therapist Information

OCCUPATIONAL THERAPIST YOU ARE COMPLAINING ABOUT

Please note the College has jurisdiction over individual occupational therapists and not other health care providers or institutions. You must identify an individual occupational therapist. If you don't know the name of the occupational therapist, we can help you. Please contact us at info@coto.org or [1.800.890.6570](tel:18008906570) and press 0. You can also check the online public register of occupational therapists at [Find an Occupational Therapist](#).

First name*

Last name*

Employer Name (if applicable)

Address

City*

Province

Postal code

Phone Number

Note: If you are complaining about more than one occupational therapist, please complete a separate complaint form for each occupational therapist. Each complaint is investigated separately.



Incident Information

Are you a client?*

Yes No

Please list specific concerns about the occupational therapist *

Date(s) for specific incident(s) if applicable

Other Occupational Therapists and Healthcare Providers

Other Occupational Therapists and Healthcare Providers

As part of our investigation, we may need to collect records from other occupational therapists who have provided treatment. Are there any other occupational therapist(s) who are not the subject of your concerns, but who provided you with treatment relevant to your complaint?

Yes No

Are there any other health care provider(s) (i.e. medical doctors, hospital emergency departments, etc.) who have provided you with treatment relevant to your concerns?

Yes No

ACKNOWLEDGEMENT

By clicking "Submit", faxing or mailing this form, I understand that I am filing a formal complaint against the occupational therapist identified in the Occupational Therapist Information section.

HOW TO INCLUDE SUPPORTING DOCUMENTS WHEN SUBMITTING VIA EMAIL

If you wish to include supporting documents with your complaint, please attach them to the email that will be generated when you click the green "Submit" button below.

File types allowed (.doc, .docx, .pdf, .jpg, .jpeg, .zip, .xls, .xlsx, .txt) and file size should not exceed 10MB each



HOW TO SUBMIT THIS COMPLAINT

By Email:

Save this file (File > Save As) to your Desktop. When you click “Submit”, and email will be automatically generated. Attach this file, as well as any supporting documents, and press “Send” in your email client.

By Fax:

416-214-0586

By Mail:

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