PRINCE EDWARD ISLAND
COLLEGE OF PHARMACISTS
Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Complaint Form

In order to ensure the receipt of comprehensive written details, the PEI College of Pharmacists requests the completion of this form when filing a complaint.

By completing this Complaint Form you:

1. Acknowledge that you are lodging a written formal complaint and understand that the College will 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, please contact the PEI College of Pharmacists office.

1. Person Filing Complaint

Name: _____ Address: _____

City:_____ Postal Code: _____ Phone: _____

E-mail: _____

2. Patient Information

Patient Name (if different from above): _____ DOB: _____

Address:_____ City: _____

Postal Code: _____ Phone: _____

E-mail: _____

If you are not the patient or the person directly involved in the incident, please describe your relationship to that individual (parent, spouse, child, relative, health professional, lawyer or friend):

_____

Please be advised that if you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access personal information relating to the complaint. Please complete the consent form below and forward to the PEI College of Pharmacists with this complaint form.

3. Pharmacy Information

Name of Pharmacy:_____

Pharmacy Address: _____

City: _____ Postal Code: _____ Phone: _____

Name of Pharmacist (if known)
:_____

4. Nature of the Complaint

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

- ◉ Incorrect Patient
- ○ Incorrect Drug
- ○ Incorrect Strength
- ○ Incorrect Quantity
- ○ Incorrect Directions
- ○ 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- ○ Out-of-date drug dispensed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 Name: _____
5. Directions: _____

How was the incident discovered: _____

_____

_____

Who discovered the incident: _____

When was the incident discovered: _____

Was the incident reported to the pharmacy? If so when: _____

What was the outcome of the incident when reported:
_____
_____
_____

☐ **COMMUNICATION ISSUES / UNPROFESSIONAL BEHAVIOUR**

☐ **PRIVACY/CONFIDENTIALITY**

☐ **OTHER**

5. 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)

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Signature of Complainant: _____ Date: _____