

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

#### 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 to your computer and email it to [PublicComplaints@cnomail.org](http://PublicComplaints@cnomail.org/).

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](https://www.cno.org/en/protect-public/preventing-harm/sexual-abuse-of-patients/financial-assistance-eligibility-for-sexual-abuse-victims/).

#### The College may obtain your personal health information if you are the patient, or the patient’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).

Please review the Privacy Policy 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 | Email address | | |
| First name | Mailing address | | |
| Day time phone number | City | Province/State | PostalZip Code |

## 2. Information about the patient

check mark if same as above

|  |  |  |  |
| --- | --- | --- | --- |
| Last name | Email address | | |
| First name | Mailing address | | |
| Day time phone number | City | Province/State | PostalZip Code |

## 3. Complaint details

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the nurse or nurses involved (First and last name) | Facility or hospital address | | |
| Date and time that the issue arose (DD/MMM/YYYY) | City | Province/State | PostalZip Code |
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**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.

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**Complaint details:** Describe the event(s) that led to this complaint. If you have more than one event, please list them individually.

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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?

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If you raised the issue, what was the outcome?

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## 4. Complaint outcome

#### 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:

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## 5. Sign and date

Print your name

Date (DD/MM/YYYY)

Email address

**Signature acknowledgement:** You may use your handwritten signature above. If you insert a digital signature or type your name, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document.

**THANK YOU FOR BRINGING YOUR CONCERN TO OUR ATTENTION.**