

## COMPLAINT FORM FOR PUBLIC

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*This form is for use by **members of the public/patients** to report complaints regarding regulated members of the Alberta College of Paramedics.*

### FIRST STEPS

#### **Do you have the name of the regulated member about whom you wish to submit a complaint?**

The College cannot accept a complaint without the member's name. The College does not have access to dispatch or EMS call records and therefore is unable to obtain the name for you. To obtain the name of the paramedic about whom you wish to complaint, you can contact Alberta Health Services' Patient Relations at <https://www.albertahealthservices.ca/about/patientfeedback.aspx>. Fill in the electronic Patient Feedback form found on the AHS website and ask for the member's name and include the location and date of the event. You can also call them at 1-855-550-2555.

Once you have their name, proceed with filling out the form below and submitting your complaint. You can include the Patient Care Report (PCR), if you have it, as part of your complaint.

1. If you have complaints about more than one member, submit one complaint form per member.
2. Complete the form(s) with as much detail as possible.

### Note

As a regulatory college, there are some things we are not able to do, including:

- Negotiate, offer, or provide financial compensation; or offer legal advice.
- Help with concerns about a healthcare provider that is not a regulated emergency medical responder, primary care paramedic or advanced care paramedic in the province of Alberta.
- Resolve complaints without contacting the regulated member.
- Accept **anonymous** complaints (note: the College may request a copy of government issued photo ID to verify your identity).

### NEXT STEPS

1. The Complaints Director will review your information. At this point, may reach out to you and/or the parties you have identified.
2. The College will send a copy of your complaint, with your name, to the regulated member for their response (your personal contact information will not be shared).
3. We may contact any individuals or organizations that you have named in your complaint if we believe they can provide additional details. These parties may also receive a copy of your complaint form.

*Note: the complaint process can take several months, depending on the complexity and severity of your complaint*

## Checklist

Did you include:

- The name of the regulated member\*
- Your name and contact information
- Detailed description of the complaint
- Your signature
- The date you signed the complaint form

## Questions?

If you have any issues completing this form, or would like to speak with someone about your complaint before you file this form, please contact the College for assistance:

Tel: 780.449.3114

Toll Free: 1.877.351.2267

*The College communicate primarily by email unless legislation requires us to send you hard copies. If you are unable to communicate by email, please contact the College at [Complaints@ABparamedics.com](mailto:Complaints@ABparamedics.com)*

**YOUR INFORMATION**

|                |  |
|----------------|--|
| Name           | <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MISS |
| Street Address |  |
| Address Line 2 | City   |
| Province       | Postal Code  |
| Email address  | Phone  |

**In this complaint, I am reporting as the/a/an:**

- |  |   |
|--|---|
| <input type="checkbox"/> Patient involved<br><input type="checkbox"/> Family member of the patient involved<br><input type="checkbox"/> Friend of the patient involved | <input type="checkbox"/> Regulated member of the Alberta College of Paramedics<br><input type="checkbox"/> Other healthcare provider ( <i>nurse, doctor, etc.</i> )<br><input type="checkbox"/> Other |
|--|---|

If you are filing this complaint on behalf of someone else, you may need to submit proof of your authority (e.g. patient's signature, Will, guardian order, etc.). If this is required, the College will let you know.

**COMPLAINT DETAILS**

Date of Incident:

|  |  |
|--|--|
| <input type="checkbox"/> This incident occurred on multiple dates. |  |
|--|--|

 Location of Incident: (*e.g. home, ambulance, hospital, etc.*)

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**Names of the patient involved (First & Last)**

First Name

Last Name

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**Names of the regulated member involved (First & Last)**

First Name

Last Name

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**What (if any) measures have you already taken to resolve your concerns (e.g. spoken with the regulated member, reported to the employer)?**

**Please tell us what you believe the regulated member did, or did not do, that lead to your complaint (include as much detail as possible, e.g. the circumstances of what occurred, what resulted, etc.):**

**What do you hope will happen as a result of your complaint?**

**ACKNOWLEDGEMENT**

By signing below, you agree that the details of your complaint will be shared with the regulated member you have referenced in your complaint.

Signature

Date

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Email

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Send your completed form to the Alberta College of Paramedics at [complaints@ABparamedics.com](mailto:complaints@ABparamedics.com).

Privacy is important to us. Your information is collected, used and disclosed only with your consent, unless otherwise authorized or required by legislation. As per our Privacy Policy, we collect and use your personal information to do the regulatory work of the College, which is mandated by the Government of Alberta through Alberta's *Health Professions Act*.