



Illegal practice of medicine complaint form

Use this form to bring to our attention a situation about a person who illegally engages in one or more medical activities or who uses the title of physician without authorization.

The information you provide will be used to examine the situation that you have brought to our attention. Only the people at the Collège who deal with complaints regarding illegal practice and the lawyers who assist them may access the information collected.

Given our mission to protect the public, even if you wish to withdraw your complaint, the Collège may investigate the situation that has been brought to its attention.

Fill in this form on-screen or print it out to fill in by hand. Then send it to the Inquiries Department at the address given in the header. If you have any further questions, please do not hesitate to contact us.

A — Your contact information

Please note that the contact information you provide is the contact information the Collège des médecins will use to reach you.

Pronouns used : She He Other: _____ Prefer not to answer

Surname: _____ First name: _____

Address (no): _____ Street: _____ Apartment (no): _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Cell phone: _____

Email: _____

B — Contact information of the person concerned

Surname: _____ First name: _____

Occupation: _____

Where did the consultation take place (name of the clinic or company, where applicable)?

Address (no): _____ Street: _____ City: _____

C - Description of your concerns

Provide a description of the situation including, if possible:

- the nature of your complaint or dissatisfaction;
- the reason(s) why you consulted this person;
- where the consultations or events took place;
- the chronological description of the events;
- the dates on which the consultations or treatments took place;
- the nature of the harm suffered, where applicable.

If necessary, you can add one or more pages. Attach a copy of any documents relevant to the examination of your request (**including any recordings**).

Would you be willing to testify before the Court, where applicable? Yes No

Signature: _____

Date: _____