College of Registered Psychotherapists of Ontario

Submit a Complaint

Under the Regulated Health Professions Act, 1991 (RHPA) and the Psychotherapy Act, 2007, the College of Registered Psychotherapists of Ontario (CRPO) is mandated to accept and investigate complaints of professional misconduct, incompetence and incapacity regarding College members. To file a formal complaint with CRPO about a Registered Psychotherapist (RP), complete this form and mail, fax or email it to the College. Please provide as much information as you can. It is acceptable, however, to provide partial information at this stage of the complaints process.

If you would like to talk to someone at the College about the care you received from an RP, the RP's conduct, or the College's complaints process, please contact us at:

Telephone: 416-479-4330, ext. 131

General toll-free line: 1-844-712-1364

Fax: 416-639-2168

Email: complaints@crpo.ca

Mail: Attn: Professional Conduct Department
College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 800
Toronto, ON M5G 2J5

Please note that the College has no authority to direct the RP to provide any kind of monetary compensation, including refunds. The College's complaints process deals with the professional conduct, competency or capacity of Registered Psychotherapists.

The RP you are complaining about will be notified of your complaint within 14 days. A copy of your complaint will be provided to the RP and he or she will be asked to provide a response.

Person Registering Complaint

Name: _____

Pronouns: ☐ They, Them, Theirs ☐ She, Her, Hers ☐ He, Him, His ☐ Other _____

Street Number & Name: _____ Suite Number: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email Address* (Optional) _____

***Depending on the nature of the communication, the College may choose to contact you by email or by another method.)**

College of Registered Psychotherapists of Ontario

Submit a Complaint

Client Information *(If different from the person registering the complaint)*

Name: _____

Pronouns: ☐ They, Them, Theirs ☐ She, Her, Hers ☐ He, Him, His ☐ Other: _____

Street Number & Name: _____ Suite Number: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Primary Phone Number: _____ Email Address: _____

If you are making a complaint on behalf of or regarding a client of an RP, the College may request consent from the client to release confidential information. If you are not the client or the person directly involved in the incident(s), please describe who the client is:

☐ My Parent ☐ My Spouse/ Ex-Spouse ☐ My Child Date of Birth of Child _____

☐ My Relative ☐ My Client/Patient (I am a healthcare professional) ☐ My Client (I am a lawyer) ☐ My Friend

Other: _____

Is the client aware that you are making this complaint? ◯ Yes ◯ No

If not, please explain why the client is not aware that you are making this complaint:

College of Registered Psychotherapists of Ontario

Submit a Complaint

Registered Psychotherapist About Whom You Are Complaining

PLEASE COMPLETE ALL KNOWN INFORMATION

Name: _____

Business Name: _____

Street Number & Name: _____ Suite Number: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Telephone: _____ CRPO Registration Number (if known) _____

COMPLAINT DETAILS

Date(s) of incident(s):

Location(s) of incident(s)

Your concerns about the RP's care, behaviour, etc.:

College of Registered Psychotherapists of Ontario

Submit a Complaint

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. Please note, while your preferences will be reviewed by the Inquiries, Complaints and Reports Committee (ICRC), the outcome is ultimately determined based on level of risk the registrant poses to the public.

Names and contact information for witnesses or anyone else involved in this matter (please note that witnesses may be contacted by the College):

Please attach any documents you may have that support your complaint, and provide an explanation below of how each document relates to your concerns

☐ I am providing supporting documents

College of Registered Psychotherapists of Ontario

Submit a Complaint

By entering my name below, I understand that I am filing a formal complaint against a Registered Psychotherapist.

Please note:

1. In many cases, the College will need to obtain the registrant's clinical record/notes about the client's care. If you have a concern about this, please contact the College before filing your complaint.

2.If you are a regulated health professional or employer filing a mandatory report, do not use this form. The report form can be found on our website. A mandatory report is information about a member's conduct that other regulated health professionals or employers are legally required to submit to the College.

Type, Sign or Write Name: _____

Date: _____

Thank you for bringing your concerns to our attention.