



ONTARIO COLLEGE OF TECHNOLOGY COMMUNITY/PATIENT COMPLAINT FORM

Complainant Information

Name: ☐ **Anonymous**

Relationship to School: ☐ Patient ☐ Community Partner ☐
Other:

Contact Preference: ☐ Email ☐ Phone

Complaint Type (Tick All That Apply):

☐ Service Quality (e.g., wait times, cleanliness)

☐ Professional Conduct (e.g., boundaries, confidentiality)

☐ Discrimination (Specify: _____)

Incident Details: _____

Date(s): _____

Location: ☐ Clinic ☐ Offsite Event

Witnesses (if any): _____



Description: *(Attach additional sheets if needed)*

Consent & Submission

☐ I agree to the investigation of this complaint per *OCOT Policy v3.1*.

Signature: _____ **Date:** _____

Submit To:

- Email: complaints@octech.com
- In-Person: Seal in envelope marked "CONFIDENTIAL" at clinic reception.