

IMPORTANT REFERENCES - More information can be found in the links below from the OPC website The Profession tab.
 ~ [OPC Canons of Ethical Conduct](#) and the [OPC Character & Fitness Rules & Regulations](#)

This Complaint Form is an official form and must be completed in its entirety, signed and submitted to Orthotics Prosthetics Canada (OPC) along with suitable documentation in support of this complaint. Upon receipt, the Professional Practice Committee will be using the information provided as well as information collected by OPC in investigating the complaint, determine whether an inquiry can be initiated under its authority.

Complete each section of this form. Submit your signed complaint form to the OPC National office along with the appropriate documentation to support your complaint. Upon receipt, the Professional Practice Sub Committee

Section I – Your Personal Contact Information

Your Name (herein referred to as Complainant): _____

Address: _____ Suite/Apt. #: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Home/Work Phone: _____ Cell Phone: _____

Email: _____ Fax : _____

Section II – Alleged Canons Violator's Contact Information

Name of Respondent (must be an OPC member): _____

Facility Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Section III – Alleged Canons Violation(s)

Please refer to OPC Canons of Ethical Conduct here. Cite specific Canons alleged to have been violated.

Example *Article IV & Section 4.01*:

Article	Section

Section IV – Specific Complaint Details

Cite the nature of your complaint including specific dates and events.

(Please use a separate sheet of paper if necessary. Supplemental attachments must be signed and dated.)

Section V – Supporting Documentation

List of supporting documentation attached (i.e. invoices and payments, signed statements from physician(s) and other rehabilitation professional personnel, etc.)

Please read and sign the following attestation:

By signing this form, I acknowledge that on behalf of myself and/or my organization, I have granted my permission to initiate an inquiry against the Respondent based on the allegations outlined. I have read the Character & Fitness Rules and Procedures (www.opcanada.ca/...) and understand the process. I HEREBY CONSENT AND AGREE that OPC may collect such personal information, both from me and my organization/company and from third parties, as OPC deems relevant to this complaint. OPC shall use the personal information collected only for purposes of investigating and adjudicating all such matters relating to this complaint and shall retain such information on file, including but not limited to this Complaint Form any accompanying letters of complaint and/or supporting documentation. I ACKNOWLEDGE THAT A COPY OF THIS COMPLAINT, TOGETHER WITH SUPPORTING DOCUMENTATION, WILL BE PROVIDED TO THE PROFESSIONAL PRACTICE SUB COMMITTEE, AND ANY BODY ESTABLISHED TO ADDRESS THE COMPLAINT AS INDICATED IN THE RULES & REGULATIONS, THE RESPONDENT AND, IF NECESSARY, TO THE OPC BOARD OF DIRECTORS.

X _____
Signature of Complainant Date (D/M/Y)

Medical Information Release Authorization:

By signing below I authorize Orthotics Prosthetics Canada and its agents (OPC) to deliver a copy of this authorization to any holder of my medical information and such holder may rely on this authorization and has the authority to release to OPC or its agents all medical and related information related to this complaint.

X _____
Signature of Complainant Date (D/M/Y)

Please submit completed form to:

Via Mail:

Orthotics Prosthetics Canada
Attn: Executive Director
202-300 March Road
Ottawa, ON K2K 2E2

Via Email:

Scan and submit via email to: info@opcanada.ca
Please include Complaint Form in the subject line

Receipt of submission will be acknowledged via email. If you do not receive an email confirmation, please contact the OPC National Office at 613-595-1919 x 1

For Internal Use Only:

Date of receipt of completed Complaint Form: _____ Initial _____