

# Complaints Form

This is a fillable form. Please type along the lines to enter your information.

## Complainant information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street number Street

City Province Postal code

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you the patient/client?

Yes  No

If no, please provide the name of the patient/client: \_\_\_\_\_

Is the patient/client aware you are making this complaint?

Yes  No

## Information about the kinesiologist (Please provide as much information as you are able)

Name: \_\_\_\_\_

Company name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Registration number: \_\_\_\_\_

**Details of the complaint**

Date of incident(s): \_\_\_\_\_

Location(s) of incident(s): \_\_\_\_\_

Submission date of this Complaints Form: \_\_\_\_\_

Names of other healthcare professionals you have spoken to about the incident(s):

Specific concerns:

Any other additional information:

**Please complete the form and send:**

By email: [complaints@coko.ca](mailto:complaints@coko.ca)

OR

By mail: Registrar c/o Professional Conduct Department  
College of Kinesiologists of Ontario  
160 Bloor Street East, Suite 1402  
Toronto, ON  
M4W 1B9

OR

By fax: (416) 961-7009