

## COMPLAINTS PROCESS UNDER THE *HEALTH PROFESSIONS ACT*

The College of Naturopathic Doctors of Alberta (the “College”) is the governing body for registered naturopathic doctors. It is the responsibility of the College to investigate and address complaints against naturopathic doctors. The information requested in the CNDA Complaints Form is necessary for the College to commence a formal inquiry, as outlined in the Health Professions Act (“HPA”).

In accordance with the HPA, all complaints must be written and signed by the complainant.

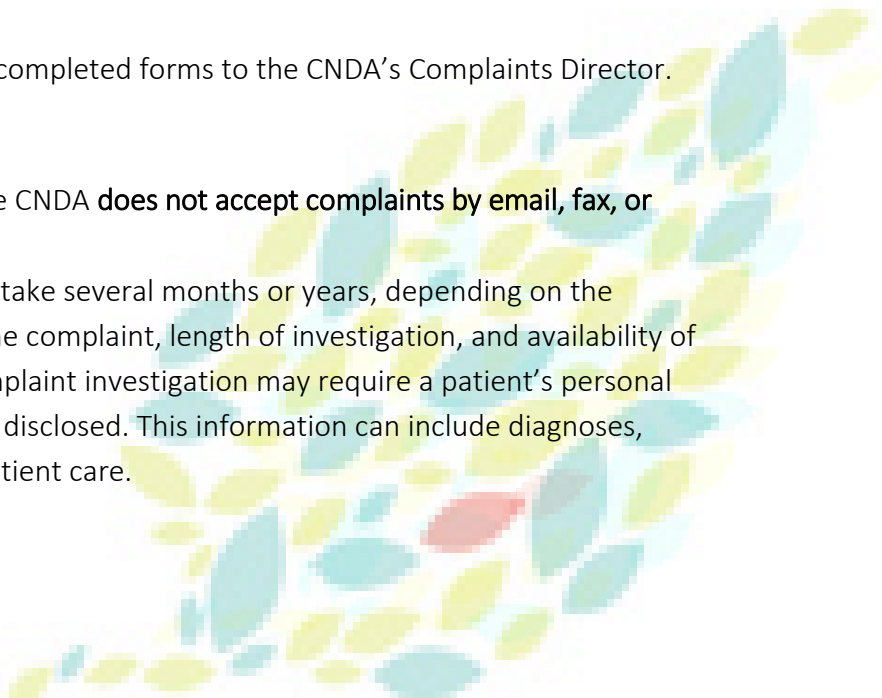
### When the Complaints Director receives the forms, they:

- acknowledge receipt of the complaint.
- determine if the complaint is within the College’s mandate to resolve and if so, initiate appropriate action.
- communicate with the complainant **within 30 days** of the action taken regarding the complaint.
- may contact the naturopathic doctor(s) in question and **provide them with a copy of the complaint.**

### To file a complaint or concern:

- complete and sign the CNDA Complaint Form and the CNDA Authorization to Release Information Form.
- mail or deliver **the original** completed forms to the CNDA’s Complaints Director.

### Please note:

- As required by the HPA, the CNDA **does not accept complaints by email, fax, or telephone.**
  - Reviewing a complaint can take several months or years, depending on the complexity or severity of the complaint, length of investigation, and availability of experts (if required). A complaint investigation may require a patient’s personal identifiable information be disclosed. This information can include diagnoses, treatments, and general patient care.
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## CNDA COMPLAINT REPORTING FORM

*\*All complaints must be submitted in writing and must be signed. Please print clearly and legibly.*

*\*\* A separate complaint reporting form must be completed for each naturopathic doctor being complained about.*

*\*\*\* Please be advised that any and all information provided to the College may form part of the investigation and is subject to release as authorized by the HPA, RSA 2000, c.H-7.*

### 1. Contact information of the person making the complaint\*

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work/Cell): \_\_\_\_\_  
Email address: \_\_\_\_\_  
Date of Birth (YYYY/MM/DD): \_\_\_\_\_ AB Health Care #: \_\_\_\_\_

### 2. Patient Information (individual who received the naturopathic service) if different from the person making the complaint:

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work/Cell): \_\_\_\_\_  
Email address: \_\_\_\_\_  
Relationship to complainant: \_\_\_\_\_

### 3. Please identify the naturopathic doctor you are filing this complaint about\*\*

Naturopathic doctor's full name:

\_\_\_\_\_

Practice Location:

\_\_\_\_\_





