

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.



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: | | |
| | 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: | 0 - 0 - 0 | |
| | Relationship to complainant: | | |
| 3. | Please identify the naturopathic doctor you are filing this complaint about** Naturopathic doctor's full name: | | |
| | Practice Location: | 11,70 | |
| | | | |



| | age | | |
|----|--|---------------------------------------|--|
| | City: Postal Code: | | |
| | Phone: | | |
| 4. | Provide a clear description of the complaint about the naturop attach any documentation pertaining to your complaint. Includincident(s). Attach additional sheets if required. | | |
| | This section <u>must</u> be completed in order to register a formal complaint. | | |
| | Please accept this as my formal complaint against | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | 10000 | |
| | | | |
| | | - 1-1-0- 0 | |
| | | | |
| | | | |
| | | | |
| | | | |



| Description of the complaintcontinued from previous page | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| If necessary, please continue on separate sheets, attach them to this form, and indicate how many additional pages you have attached here: | | |

5. Authorization for Collection, Use, Release and Disclosure of Information***

I understand my signature to this complaint reporting form will allow the College of Naturopathic Doctors of Alberta:

- 1. to collect records or other information relevant to my complaint issue(s);
- 2. to release and disclose a copy of my complaint to the naturopathic doctor named, any investigator(s) assigned, any expert(s) requested to review the



- matter on behalf of the College, and any other process as described in Part 4 of the *Health Professions Act*.
- 3. to use, release and disclose, where applicable, and in accordance to the *Health Professions Act*, information concerning my complaint including personal identifiable information

In order to investigate certain matters, in accordance with the *Health Professions Act*, this will authorize the release of records, including client file information or otherwise, concerning:

| Patient Name: Date of Birth (YYYY/MM/DD): | | |
|---|--|--|
| Naturopathic Doctors of Alberta's col information that may be related to m | reporting form, I hereby consent to the College of erta's collection, use, release and disclosure of any and a sted to my complaint including personal/confidential conduct and other regulatory purposes, in accordance Act. | |
| Signature of Person Making Complain | nt Date | |
| Signature of Patient or Power of Atto | rney Date | |
| Witness | Date | |
| Notwithstanding the requirement for your consent for the request of information, section 63 of the Health Professions Act describes the investigation powers whereby documentation can be obtained without specific consent. Please contact the College further information or clarification. If you require any assistance in completing this fower are happy to help. | | |
| Return this form to: | | |
| Complaints Director College of Naturopathic Doctors of Albert 216 – 20 Sunpark Plaza SE | a The state of the | |

Calgary, AB T2X 3T2