



COMPLAINT REPORTING FORM

The College of Acupuncturists of Alberta investigates complaints about registered acupuncturists in Alberta. The information collected on this on this form, including your personal information, is collected under that authority of the *Health Professions Act* and will be used to process your complaint.

Please complete this form then **sign your name**. We cannot accept complaint reporting forms without a signature. The form can be submitted by fax, email or regular mail to the following address:

Attention: Complaints Director
College of Acupuncturists of Alberta
Suite #201 9612-51 Ave. NW
Edmonton, AB T6E 5A6

Fax: 780-466-7251

Email: complaintsdirector@acupuncturealberta.ca

YOUR INFORMATION (The Complainant)

Full name: _____

Mailing address: _____

Phone number: _____

E-mail Address: _____

Do you agree to receive correspondence and be served documents by email? Yes No

If you agree, all correspondence and documents will be sent to you at the email provided above.

I am the patient Yes/No

If no, what is your relationship to the patient or acupuncturist: _____

If you are an Insurance Company: Case/File number _____

If you are a representative of the complainant, please provide your details, the complainant's signature and attach authorizing documentation

Full name: _____

Mailing address: _____

Phone number: _____

E-mail Address: _____

Relationship to complainant (e.g. guardian, lawyer, power of attorney) _____

Authorizing documentation attached

Complainant's signature

Does this complaint involve sexual abuse or assault: ____ Yes ____ No

ACUPUNCTURIST INFORMATION

Please provide the following details on the acupuncturist you are complaining about. Please note that we will send a copy of this complaint form and attachments to the acupuncturist. We may also obtain personal identifiable information such as diagnostic, treatment and patient care information.

Last name _____ First name _____

Name of clinic: _____ Phone number: _____

Location of clinic or treatment: _____

Date of incident: _____

WITNESSES

Please identify any individuals who may have information about the incident. (eg. staff, family, or other acupuncturists). We may contact them in the course of our investigation.

Last name _____ First name: _____

Address: _____

Phone number: _____

Information they may have: _____

Last name _____ First name: _____

Address: _____

Phone number: _____

Information they may have: _____

RESOLUTION

What do you hope will happen as a result of the complaint? (Please note that we have the authority to investigate concerns and discipline our members but cannot provide financial compensation for damages. That is a matter to be addressed in Civil Court)

- Education
- Apology
- Investigation
- Other

- I did not have enough room so I have attached an additional page
- I have attached ____ documents in support of my complaint

I understand and acknowledge that

- 1) The Registered Member as named above will be notified of my complaint and provide a copy of my complaint
- 2) The College of Acupuncturists of Alberta may obtain the patient's/my personal health information, such as diagnostic, treatment and patient care information when relevant and if this matter is investigated.
- 3) Any information collected during an investigation will be used for the College of Acupuncturists Alberta complaint process.
- 4) Your information may only be disclosed in accordance with the HPA and the Personal Information Protection Act (PIPA) or with your consent.

Date Signed: _____

Complainant's signature

Date Signed: _____

Representative's signature
(If applicable)