



Complaint Reporting Form

The College of Acupuncturists of Alberta investigates complaints about registered acupuncturists in Alberta. The information collected on this form, including your personal information, is collected under the authority of the *Health Professions Act* (HPA) 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 mail, email, or fax to the following:

Attention: Complaints Director
College of Acupuncturists of Alberta
201-9612 51 Avenue NW
Edmonton AB T6E 5A6

Email: complaintsdirector@acupuncturealberta.ca
Fax: 780-466-7251

Your Information (The Complainant)

Full name: _____

Mailing address: Address: _____
City/prov: _____
Postal code: _____

Phone number: _____

Email 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, please provide the case/file number: _____

If you are a representative of the complainant, please provide your details, attach any authorizing documentation, and have the complainant sign.

Full name: _____

Mailing address: Address: _____
City/prov: _____
Postal code: _____

Phone number: _____

Email address: _____

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

The authorizing documentation is attached:

Complainant's signature

Does this complaint involve sexual abuse or assault? Yes No

Acupuncturist Information

Please provide the following details on the acupuncturist the complaint is being made against. Please note, 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 (e.g., 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, we have the authority to investigate concerns and discipline our members, but we cannot provide financial compensation for damages. That is a matter to be addressed in civil court.)

- Education Apology Investigation Other

If you selected "Other", please provide more information:

My Complaint

My complaint is about/involves:

- Assessment/treatment
- Patient care
- Billing/financial
- Cleanliness
- Communication
- Record keeping/charting
- Sexual abuse or assault
- Conduct outside the practice of acupuncture
- Other: _____

Have you discussed this matter with the acupuncturist? Yes No

Have you submitted a complaint to any other organization (e.g., police, another college, or Alberta Health Services)? Yes No

If yes, please specify: _____

What Happened

Please provide specific details about what caused your complaint. Indicate if you have any relevant documents:

- I did not have enough room, so I have attached an additional page(s).
- 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 will be provided a copy of the 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 of Alberta's 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.

Complainant's signature

Date signed

Representative's signature (if applicable)

Date signed