**COMPLAINT FORM**

If you have any questions or require assistance to complete this form, please contact the Registrar.

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| 1. **Information about you (the Complainant)**
 |
| [ ]  Ms. [ ]  Mrs. [ ]  Mr. [ ]  Dr |
| First and last name:       |
| Address:       |
| Telephone number (home):       |
| Telephone number (work):       |
| Email address:       |
| Registration Number (for NBAD Members making a complaint):       |
| 1. **Information about the Dietitian(s) or Dietetic Intern(s) you are complaining against**
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| First and last name: |       |
| Business Address: |       |
| Business Telephone Number: |       |
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| First and last name:       |
| Business Address:       |
| Business Telephone Number:       |

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| First and last name:       |
| Business Address:       |
| Business Telephone Number:       |

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| 1. **Your Complaint**
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| Provide a brief and clear description of the complaint you have about the Dietitian(s) or Dietetic Intern(s) named in this complaint. Include examples where appropriate (e.g. if you are alleging rude behaviour, provide an example):       |
| Provide the name(s) of any other individual(s) and the details of the information they may have pertaining to the complaint (i.e. physician, other health professional, patients, clients):      |
| Has this complaint been registered with any other organization or agency (i.e. Health Network)?[ ]  Yes [ ]  NoPlease specify the organization or agency:       |
| Please list the documents you are sending (Note: Do NOT send originals):       |
| What are your expectation from the investigation of this complaint?      |

Please note: NBAD cannot award financial compensation.

**I understand my signature will allow the New Brunswick Association of Dietitians to:**

* Initiate an investigation by the Registrar;
* Provide a copy of the Complaint Form to the Dietitian(s) or the Dietetic Intern(s) named in the complaint;
* Provide a copy of attached documentation included in the Complaint Form submission to the Dietitian(s) or Dietetic Intern(s) named in the complaint in order to allow the Dietitian(s) or Dietetic Intern(s) to respond to the complaint; and
* Request an authorization of release of information should further documentation be needed for investigation purposes.

**COMPLAINANT INFORMATION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s Full Name (printed)

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Signature of Complainant Date

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| Office Information Only (Complainant do not complete)Date received in Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |