



How to fill out the following form

- Please print clearly and legibly. Ensure all areas are complete before submitting.
- If you have any questions or need help completing this form, contact the College at 780-420-0932.

Complainant information (all fields are required)

First name: _____ Last name: _____

Home address: _____

City: _____ Province: _____ Postal code: _____

A mailing address is required, if different from your home address. **Mailing address is same as home**

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Email: _____

Phone: _____ Best number(s) for contacting you during the day (8 a.m. – 4 p.m.)
 Home: Cell: Work:

I agree to receive all updates related to this complaint, including all notices that I am entitled to receive under Part 4 of the *Health Professions Act* via email. I consent to receive information from the College and its representatives for the purposes of conducting this complaint.

(initial)

Chiropractor information

Note: A copy of your complaint form will be sent to this chiropractor.

First name:

Last name:

Clinic name:

Clinic address:

City:

Province:

Postal code:

Clinic phone number:

Witness information

- Provide the full name and contact information of any other individual(s) who may have first-hand information regarding your complaint.
- Please include the details of the information they may have about your complaint (e.g. other chiropractor, therapist, witness(es) who were present), as well as their addresses and telephone numbers.

Witness 1 First name:

Last name:

Address:

City:

Province:

Postal code:

Phone number:

Witness 2 First name:

Last name:

Address:

City:

Province:

Postal code:

Phone number:

Attach additional pages, if necessary

Have you attempted to resolve your complaint directly with the chiropractor involved?

Yes No

Have you submitted a complaint to law enforcement or any other organization?

Yes No If yes, please specify:

Complaint details

Provide a detailed description of the complaint(s) you have against the chiropractor named above. Include in your description what the chiropractor did or failed to do to cause you to submit a complaint, including:

- a. what happened
- b. where it happened; and
- c. when it happened (in chronological order). Include as much detail as possible.

Note: If you need more room, attach additional pages.

Attach additional pages, if necessary.

What do you hope will happen as a result of your complaint?

Note: The CCOA cannot provide nor direct the chiropractor to provide financial compensation.

<input type="checkbox"/> Education <input type="checkbox"/> Apology <input type="checkbox"/> Investigation <input type="checkbox"/> Other – Describe:

Relevant documents or evidence to support your complaint

If you have any supporting documentation that will assist us in investigating your complaint:

- Attach copies to this form.
- List and give a brief description of the relevant documents you have provided below.
- **Do NOT submit originals.**

Item #	Description
#	
#	
#	
#	

Attach additional pages if necessary.

In accordance with Section 54(1) of the *Health Professions Act*, a complaint must be signed. Any electronic signature has the same legal validity and effect as your handwritten signature on this form.

I, _____ (print name) submit this complaint to the College of Chiropractors of Alberta.

Complainant signature

Date signed (MM / DD / YYYY)

Your privacy is important to us

We collect, use and/or disclose your personal information with your consent, unless otherwise authorized or required by legislation. We collect and use your personal information to do our work as the regulatory body for the chiropractic profession. Our work is to protect the public and to guide and regulate Alberta chiropractors.