NOVA SCOTIA
CHIROPRACTIC AND
NATUROPATHIC
REGULATOR

Complaint Form

As the licensing and governing body for chiropractors and naturopathic doctors in the Province of Nova Scotia, the Nova Scotia Chiropractic and Naturopathic Regulator (the **Regulator**) takes all complaints about the competence and conduct of its registrants seriously. All complaints regarding a disciplinary matter are reviewed by the Registrar (or delegate) to determine whether an investigation is required. The complaint process typically takes months (or longer) depending on the complexity of the issues raised. You will be advised in writing of the disposition of the complaint upon the conclusion of the investigation.

To file a complaint, please complete this Complaint Form and the Authorization and Consent to Investigate, ensure both forms are properly executed, and forward the completed forms to the address in Section 6, below, or to: complaints@nscnr.ca.

If your complaint involves more than one health professional, you must file a separate Complaint Form for each health professional that you are complaining about.

1. Person Making This Complaint

Name: _____

Pronouns: (optional) _____

Date of Birth: _____

Mailing Address: _____

_____

Telephone No: _____

Email: _____

What is your preferred method for receiving written communication from the Regulator:

☐ in hard copy, by mail ☐ electronically, by e-mail

If you prefer to receive both paper and electronic versions, please select both options

2. Identification

Please indicate if you are the patient involved in this matter or if you are filing the complaint on behalf of a patient:

☐ I am the patient ☐ Someone else is the patient ☐ There is no patient

Please provide the patient's information, if different from above:

Full Name: _____

Date of Birth _____

Relationship to you: _____

Depending on your relationship to the patient and the nature of the complaint, we may contact you to provide verification that the patient has consented to you filing a complaint on their behalf.

Please identify the chiropractor or naturopathic doctor (the "registrant") who is the subject of your complaint.

If you have a complaint about more than one registrant, please complete a separate submission for each one.

Registrant's Name: _____

Clinic: _____

Address: _____

_____

Telephone No: _____

Email: _____

What is your relation to the registrant?

- ☐ Colleague of the registrant
- ☐ Employer
- ☐ Insurance Company
- ☐ Member of public
- ☐ Parent or Caregiver
- ☐ Patient
- ☐ Registrar
- ☐ Other (please specify) _____

Have you attempted to address your concerns directly with the registrant or others at the registrant's clinic?

☐ Yes ☐ No

Please note that you are not required to speak with the registrant before making a complaint. However, it is helpful for the Regulator to know if you have.

If yes, please provide any relevant information:

3. Consent for Release of Information

Please complete the attached *Authorization and Consent to Investigate* and submit it with your complaint.

4. Complaint Details

Approximate date or date range of concerns leading to this complaint:

Location (i.e. clinic name) where concerns took place:

In your own words, please describe your complaint in detail (attach additional pages if necessary):

5. Other Individuals

Please provide the names and contact information for any other chiropractors or naturopathic doctors (or other healthcare professionals) you have consulted about this matter or who have information pertinent to your complaint.

Name _____ _____

Profession _____ _____

Contact _____ _____

6. Additional Documents

If applicable, please include additional documents related to your complaint (for example, written correspondence) as attachments to your email at the time you submit your complaint. If you prefer, you may send the additional documents to our office by mail or fax:

Nova Scotia Chiropractic and Naturopathic Regulator
Suite 604, 5657 Spring Garden Road,
Lobby Box 142
Halifax, NS B3J 3R4

Fax: (902) 425-2441

My additional documents:

- ☐ There are no additional documents
- ☐ Additional documents are being sent by mail or fax
- ☐ Additional documents are attached with the complaint

7. Witnesses

Name: _____

Phone: _____

Email: _____

Relation to you: _____

Name: _____

Phone: _____

Email: _____

Relation to you: _____

8. Summary

Please recap your concerns in point form:

Point #1

Point #2

Point #3

Point #4

Point #5

9. Declarations and Signature

As the signatory, I declare that

- ☐ I am the person identified as the "complainant" on this form.
- ☐ I understand that this complaint process in not anonymous and that my identity will be disclosed to the chiropractor or naturopathic doctor named in my complaint as directed by the *Regulated Health Professions Act*.
- ☐ I understand that the Registrar or other investigator of this complaint will obtain any chiropractic, naturopathic, or other records necessary for the investigation of this complaint.
- ☐ I understand that the Regulator does not determine the fees charged for chiropractic or naturopathic services and has no ability in legislation to settle fee disputes, require chiropractors or naturopathic doctors to refund fees, or settle disagreements about insurance coverage.
- ☐ I understand that any information obtained through the complaint process is not compellable in any legal or civil proceeding. This is in accordance with the *Regulated Health Professions Act*.
- ☐ I understand that the complaint process is confidential and all people who obtain information through this process, such as staff, people who make complaints, registrant(s) named in complaints, witnesses and committee members, are required by law to keep that information confidential unless the *Regulated Health Professions Act* specifically permits otherwise. I understand that I cannot publicly discuss this complaint, including information which may reasonably identify registrants or patients. I understand that this does not stop me from seeking appropriate support from legal counsel or other support persons. Once a matter is concluded, the Regulator will make decisions regarding what information, if any, may become publicly available.
- ☐ I will maintain respectful communication with the Regulator's staff whether in writing, over the phone, or in person.

Signature of individual making the complaint:

Date:	
Name:	
Signature:	

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Authorization and Consent to Investigate

I, the undersigned, authorize the Nova Scotia Chiropractic and Naturopathic Regulator (the **Regulator**) to investigate my complaint and to release the Complaint Form and/or any information referred to or enclosed therein or attached thereto, as well as any previous or subsequent communications, correspondence, enclosures, attachments, documents, materials and/or information to the chiropractor or naturopathic doctor complained about. Such release is to be in the Regulator's sole discretion.

I further authorize the Regulator to obtain (and any other person to release) any and all documents and information, including but not limited to any of my health records, prescription records, billing information and insurance documents, that may be relevant to my complaint.

I also provide my consent for the Regulator, in its sole discretion, to request, receive, photocopy, disclose and disseminate the foregoing information as necessary for the investigation of the above complaint in accordance with the disciplinary process.

Date: _____

Name: _____ **Witness:** _____

Signature: _____ **Signature:** _____