



Today's Date: _____

INSTRUCTIONS

1. Complete this form.
2. Print a copy of the completed form and sign.
3. Submit completed form, written complaint and any additional documentation to the College of Dietitians of Alberta (CDA) by mail at the address below.

Attention: Complaints Director
 College of Dietitians of Alberta
 1320-10123 99 Street
 Edmonton AB T5J 3H1

The College reviews all complaints about Registered Dietitians and Registered Nutritionists licensed to practice dietetics in Alberta. All complaints are addressed through the College's complaint process. This process is set out in the *Health Professions Act* that governs the dietetic profession and ensures that an appropriate course of action is taken. When an individual files a formal complaint with the College, they are always notified of the action taken with respect to the complaint.

YOUR INFORMATION

Mr. Mrs. Ms. Dr. None

Full Name: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Contact Phone Number: _____

Email Address: _____

I am a: Patient/Client Family Member of Patient/Client Friend of Patient/Client
 Co-Worker Employer Other: _____

On the next page of this form, you will be asked to fill in the date and location of the incident, the full name of the Registered Dietitian (RD) or Registered Nutritionist and a description of specific action(s), conduct or behaviour. Before proceeding to the next page, you may find it helpful to review the following documents to assist you in determining if what the RD did was unsafe and/or unethical.

[Code of Ethics](#)

[Standards of Practice](#)

[Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention](#)

Once your complaint is submitted to the College, a copy of the next page, the written complaint and any additional information attached to this form, along with your name, will be sent to the regulated member you have identified. Your contact information will not be shared.

If your complaint involves more than one regulated member, you will need to complete a separate complaint form for each Registered Dietitian or Registered Nutritionist.

Please note that all fields, including a signature, must be completed or your complaint may not be processed.

Your personal information is collected in accordance with the *Health Professions Act* (HPA) and will be used by the College of Dietitians of Alberta (CDA) for regulatory and business purposes including contacting you regarding regulatory requirements, activities and updates. Your information may only be disclosed in accordance with the *HPA* and the *Personal Information Protection Act* (PIPA). If you have any questions about the collection or use of this information, contact the College's Complaints Director at 780-448-0059.

COMPLAINT DETAILS

Date of Incident: _____

Location of Incident: _____

Name of Registered Dietitian or Registered Nutritionist: _____

COMPLAINT:

On a separate piece of paper, please describe your concern in as much detail as possible, stating what you believe the regulated member did or did not do that was unprofessional conduct, unsafe or unethical practice. Be sure to include specific information of what occurred between you and the regulated member, and the date and location of the incident(s). You must sign the written complaint.

Check here confirming you will attach a separate written, signed complaint to this complaint form. *(required)*

ADDITIONAL DOCUMENTATION:

Please attach copies of any documents that you feel would be relevant to your concern.

Check here if you will be attaching additional documentation to this complaint form. *(optional)*

ACKNOWLEDGMENT:

I acknowledge a copy of this form and all other information attached to this form, along with my name, will be provided to the identified regulated member. *(required)*

Print Name: _____ Date: _____

Signature: _____