



THE SASKATCHEWAN DIETITIANS ASSOCIATION COMPLAINTS INVESTIGATION APPLICATION FORM

As the licensing and governing body for dietitians in the Province of Saskatchewan, the Association takes your complaint seriously and will investigate it. Often the complaints process takes several months depending on the complexity of the complaint.

The Complaints Process:

To begin a formal inquiry into your complaint, please:

- Complete this form. A completed form is necessary to initiate a full investigation of your complaints
- Forward the completed complaint and authorization forms to the Registrar

Upon receiving the form, the Registrar will forward all pertinent information to the Professional Conduct Committee who will:

- Contact the dietitians complained about, and provide them with a copy of this complaint.
- Contact those individuals who may have information relevant to the complaint.
- Review all information. Further communication with the parties involved may be necessary.
- Inform the complainant and dietitians in writing of the results of the review.

If you have any questions or require assistance to complete this form, please contact the Registrar at (306) 359-3040.

1. Information from the person making the complaint:

Ms/Mrs. /Mr. /Dr. _____ Address _____
 Last Name _____ Postal Code _____
 Given Name _____ Telephone (Home) _____
 Email: _____ Telephone (Work) _____

2. Provide the name(s) of the Dietitian(s) complained about along with their practice location

Name	Address	City/Town

Office Information Only – (Complainant do not complete)

Date received in Office _____ Committee Person Handling Complaint _____
 Complaint File # _____

Saskatchewan Dietitians Association

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand my signature to this release will allow the Saskatchewan Dietitians Association to:

1. Obtain any medical records or other information relevant to the complaint
2. Provide a copy of the letter of complaint to the Dietitian(s) named in the complaints;
3. Provide a copy of any other information gathered in relation to the complaint to the Dietitian(s) named in the complaint;
4. Allow any other authority that holds medical records relevant to my complaint to release such records to the dietitian(s) named in the complaint in order to allow those dietitians to respond to the complaints.

PATIENT INFORMATION

(Print Patient's Full Name)

(Signature of Patient, if possible)

COMPLAINANT INFORMATION (IF DIFFERENT FROM PATIENT)

Print Complainant's Full Name

(Relationship to Patient)

Signature of Complainant

The Association investigates all complaints. In order for a third party (i.e. someone other than the complainant) to receive specific information regarding a complaint (e.g. dietitians reply to the letter of complaint), the Association requires photocopies of documentation relevant to Power of Attorney, legal guardianship of Executor of the Estate.