



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:

- Ensure that the complaint form is complete and if needed, seek clarification.
- Forward the complaint to the Professional Conduct Committee.

The Professional Conduct Committee will:

- Contact the dietitian(s) complained about and provide a copy of this complaint with contact information removed and request the dietitian to provide a written response.
- Contact those individuals who may have information relevant to the complaint. If needed, seek further information, clarification or documentation.
- Review all information and make recommendations.
- Inform the complainant and dietitian(s) subject to the complaint in writing of the results of the review.

If you have any questions or require assistance, 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

6. What is your expectation from the investigation of this complaint?

- The Association cannot award financial compensation.

Signature of person making complaint

Date

Return to: The Saskatchewan Dietitians Association
#17-2010 7th Avenue
Regina, Saskatchewan S4R 1C2
Telephone: (306) 359-3040 Fax 882-3426
Email: registrar@saskdietitians.org

Office Information Only – (Complainant do not complete)	
Date received in Office _____	Committee Person Handling Complaint _____
Complaint File # _____	

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.