



## COMPLAINT REPORTING FORM

As the regulator of the practice of naturopathy in Manitoba, the Manitoba Naturopathic Association (MNA) takes complaints seriously. In their assessment of complaints, the Complaint Committee is guided by the MNA's Practice Standards and Policies, Government directives/notices, Code of Ethics, the Naturopathic Act and Regulations.

For more information on the review process, please refer to the Complaint Process form available [here](#)

### **Before you Submit a Complaint:**

Before lodging a formal complaint, it may be useful to first discuss the issue with the naturopath in question. In some circumstances, the naturopath may be unaware of the concerns and may wish to try and resolve them directly.

### **Complaints Against Non-Members:**

The Manitoba Naturopathic Association (MNA) is only authorized to review complaints against its own members and does not have regulatory authority over the following: homeopaths, those who use the title "Doctor of Natural Medicine," holistic nutritionists etc.

**Financial Compensation:** The Manitoba Naturopathic Association does not provide financial compensation to complainants.

**Time frame:** The time required to review a complaint will vary depending on a number of factors. Some may be completed within six months. Complex complaints that require an investigator may take eighteen months or longer.

### **Instructions for Submitting a Complaint:**

To file a formal complaint, please complete the forms on pages 2 and 3, sign and return by email or regular mail only (no couriers or registered mail) to the following address:

The Registrar  
registrarmna@gmail.com  
The Manitoba Naturopathic Association  
1661 Portage Ave., Suite 307  
Winnipeg, MB  
R3J 3T7

**1. Person making the Complaint:**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Person filing the complaint (if different from person making complaint):**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Naturopathic Doctor About Who you are Complaining:**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Details of Complaint: (no staples please)**

**Please attach a brief outline of your concerns, including the list below:**

**Please limit your description for this section to a maximum of 6 pages and sign and number each page**

- Date(s) of service
- Location of service
- Purpose of the service
- The reason you are concerned about the naturopath's care, behaviour, etc.
- A description of any efforts you have made to resolve the matter

5. Please list in point form, the questions/concerns you wish the naturopath to address in their response to your complaint.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. What is your expectation/goal from the review of this complaint?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**AUTHORIZATION – PLEASE READ CAREFULLY**

1. I give the Manitoba Naturopathic Association (MNA) permission to disclose my concern(s) to the member named in this complaint. I also give the MNA permission to release a copy of my complaint and any supporting documents submitted with my complaint to the member named in this complaint, in order for the Association to obtain their response. I understand that any letters to me from the Association, which include requests for clarification of my concerns or complaint, will also be released to the member to ensure that they adequately understand my concerns or complaint.
2. I authorize the member to release to the MNA any information relating to services provided, including any documentation in their practice records relating to these services. I understand that such information will be used in the investigation of my complaint and may be provided to the Inquiry Committee for its consideration of this matter.
3. I authorize the Association to communicate with me via e-mail at the e-mail address provided.
4. Signature of Person Making the Complaint: \_\_\_\_\_ Date: \_\_\_\_\_