



# Nova Scotia College of Chiropractors Complaint Form

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As the licensing and governing body for chiropractors in the Province of Nova Scotia, the Nova Scotia College of Chiropractors (the “College”) takes your complaint seriously. All complaints regarding a disciplinary matter concerning a member of the College will be investigated. Please be advised that the complaint process typically takes months (or longer) depending on the complexity of the complaint. You will be advised in writing of the disposition of the complaint upon the conclusion of the investigation.

To begin an investigation into your 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 below or to: [inquiries@chiropractors.ns.ca](mailto:inquiries@chiropractors.ns.ca).

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

## Section 1 – Person Making This Complaint

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Email: \_\_\_\_\_

*(If you are filing this complaint on behalf of a patient, please also provide the patient’s name, birthdate, address, telephone number, email address, and a copy of the documentation authorizing the complaint, such as executor of an estate, legal guardian, etc.)*

## Section 2 – Chiropractor Complained Of

Name: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section 3 – Consent for Release of Information**

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

**Section 4 – Relationship to Chiropractor**

What is your relationship with the chiropractor complained of?

- Patient
- Employee
- Other: \_\_\_\_\_

**Section 5 – Other Individuals**

Please provide the names of any other individuals and the details of any information they may have pertaining to your complaint.

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**Section 6 - Complaint**

Please provide below a description of your complaint (attach additional pages if necessary).

**Section 7 – Signature**

Signature of individual making the complaint:

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



Suite 604, 5657 Spring Garden Road,  
Lobby Box 142  
Halifax, NS B3J 3R4  
Tel: (902) 407-4255  
Fax: (902) 425-2441  
[www.chiropractors.ns.ca](http://www.chiropractors.ns.ca)



## *Nova Scotia College of Chiropractors Authorization and Consent to Investigate*

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I, the undersigned, authorize the Nova Scotia College of Chiropractors (“the College”) 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 complained of. Such release is to be in the College’s sole discretion.

I further authorize the College 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 College, 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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Signature:** \_\_\_\_\_