



PROFESSIONAL DISCIPLINE COMPLAINT FORM

Please fill out this form completely and sign the bottom. Attach any relevant and appropriate documentation to support your complaint and submit the form to PFA Footcare Association (Canadian Chapter). Once received by the Professional Discipline Committee a decision will be made as to whether the allegations warrant an inquiry. If you are reporting more than one complaint please submit a separate form for each issue.

Section I - Your Personal Contact Info

Your Name (herein referred to as Complainant)

Street Address Suite/Apt. #

City Province Postal Code

Work/Home Phone Fax

Cell Phone Email

Section II - Alleged Code Violator's Contact Information

Name of Respondent (must be a PFA Footcare Association (Canadian Chapter) member)

Street Address Suite/Apt. #

City Province Postal Code

Work Phone Fax

Website Email

Section V – Working Relationship

Have you ever had a working relationship with the Respondent? Yes No

If yes, please provide details including:

1. Commencement date of the working relationship? _____
2. Nature of the relationship? _____
3. Does this working relationship still exist? Yes No
4. Please explain the current relationship – If the relationship has ended, please provide details including: dates, reason and details regarding the termination of the relationship.

Section VI –Witnesses / Others involved

In addition to the information provided above is there anyone else who may have information regarding this allegation? If so please provide the name and contact information along with the type of information you feel may assist in an investigation.

Section VII – Actions you have taken to date.

Please state all if any actions that have been taken to date, provide full details (ie. Has the issue been discussed with person whom you are filing this report, have any legal actions been taken or has any other investigation been initiated? If insurance companies, the Canadian Health Care Anti-fraud Association or any other legal or regulatory body / self-regulatory body have been notified please provide dates, written proof, contact names & numbers.)

Please read and sign the following attestation:

By placing my signature below, I am aware that I am granting my permission to initiate an inquiry into the allegations I have outlined above and the validity of the information I have provided. I have completely read the Rules and Procedures and I fully understand the process to be followed. This report will also be sent to the respondent, the PFA Footcare Association (Canadian Chapter) Board of Directors and the respondents credentialing body.

Signature of Complainant

Date

Print Name

Consent for Release of Medical Records (required only if a patient is filing a complaint)

By placing my signature below, I am consenting to the release of my medical records relating to the complaint outlined previously. I further consent that the PFA Footcare Association (Canadian Chapter) may forward a copy of this authorization to any holder of my medical records and the holder may rely upon this authorization to release to PFA Footcare Association (Canadian Chapter) or its agent the medical and related information pertaining to the outlined complaint.

Signature of Complainant

Date

Print Name

Please forward this completed form to:

PFA Footcare Association (Canadian Chapter)

Attn: Ethics Committee

1595 Bedford Highway, Suite 111

Bedford, NS

B4A 3Y4

Or you can fax the forms and related documentation to 902-406-3664, Attn: Ethics Committee