CONB College of Osteopaths of New Brunswick
Ordre des Ostéopathes du Nouveau-Brunswick

795 Main Street, Suite 300
Moncton, NB E1C 1E9
registrar.aonb@gmail.com

# RELATED CONCERN – COMPLAINT FORM

To avoid delay, please submit the complete form by email to: **registrar.aonb@gmail.com**
or by mail: CONB, 795 Main Street, Suite 300, Moncton, NB E1C 1E9

## 1. YOUR INFORMATION

First Name: _____

Last Name: _____

E-mail: _____

Mailing Address: _____

_____

Phone Number: _____

## 2. PLEASE DESCRIBE THE INCIDENT(S) AND YOUR CONCERN / STATEMENT OF UPSET OR DISCOMFORT

Include the osteopath's name, date, location, and what exactly transpired. If witness, please include name(s), contact information of whom witnessed the incident(s) if relevant. If necessary, attach additional pages.

## 3. PLEASE DESCRIBE WHAT ACTION YOU HAVE TAKEN TO DATE TO TRY TO RESOLVE YOUR CONCERN / COMPLAINT

Include the name(s) of anyone you have contacted and describe any action(s) of other people.
Have you reported the incident(s) to any other organizations?

## 4. IF YES TO ANY OF THE ABOVE

If yes, has that organization acted on the concern / complaint and rendered a decision?
Please provide a copy to CONB.

## 5. PLEASE, LET US KNOW IF YOU WERE ABLE TO EXPRESS YOUR CONCERN / DISCOMFORT TO THE OSTEOPATH

Tell us what you have communicated to the osteopath or were you too intimidated by the incident.

## 6. TELL US WHAT YOU WOULD LIKE TO HAPPEN AND WHAT YOU EXPECT CONB TO DO.

## AUTHORIZING A CONB REPRESENTATIVE – COMPLAINT AND HEARING COMMITTEE

By signing this document below, I am agreeing to the following: I give permission for a CONB representative to contact me, listen to the incident(s) and to provide the name of the osteopath, active member of CONB, with this form and my letter / email if applicable.

| Please print Name / Date / Year: | Signature: |
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