



The College of Naturopaths of Ontario

Complaint Form

This form may be used by any individual who wishes to initiate a formal complaint against a Naturopathic Doctor registered with the College. Before submitting this form, it is recommended that the [Complaints Process](#) on the College's website be reviewed.

As set out in the Complaints process, the College will send a written notice of the complaint, a copy of the completed complaint form and any documents included with the form to the ND (Registrant). The Complainant's personal contact information provided on this form WILL NOT be disclosed to the Registrant.

To initiate a complaint, please follow these steps:

1. Print and complete or electronically complete the complaint form
2. Attach any supporting evidence (e.g. your correspondence with the ND, medical records, etc.)
3. Submit completed complaint form to the College:

By email: complaint@collegeofnaturopaths.on.ca

By Mail: College of Naturopaths of Ontario
Complaints Department
10 King Street East, Suite 1001
Toronto, ON
M5C 1C3

By Fax: 416-583-6011

Complainant Information

Please note that your name will be disclosed to the naturopath identified in the complaint.

Last Name: _____ First Name: _____

Relationship to Registrant: Patient Colleague Employer
Other _____

Patient Information *(if different from the person filing the complaint)*

Last Name: _____ First Name: _____

If you are not the patient, please describe your relationship to that individual (parent, spouse, child, relative, etc.):

Please be advised that if you are filing a complaint on behalf of another individual, the College may not be able to disclose the patient's personal health information without the patient's consent.

Naturopathic Doctor Information
(Please provide as much information as possible)

Name: _____

Practice Name: _____

Practice Address: _____
Street Number Street

City

Province

Postal Code

Registration Number: _____

You should be able to locate the four-digit College registration number for the Naturopathic Doctor on any invoice or receipt you may have from them or you may search their name on the College's [Naturopathic Doctor Search](#).

Details of the Complaint

*Outline your concerns, include date(s) and location(s) of the incident(s) if applicable.
Provide as much detail as possible.*



Have your concerns been brought to the attention of the Naturopathic Doctor in question? Yes No

If Yes, what was the outcome?

Identify persons who might have information about your concerns and provide us with their contact information:

1. _____
2. _____
3. _____

Documents enclosed with your complaint:

1. _____
2. _____
3. _____
4. _____

By checking this box, I confirm that:

- I have reviewed and understand the College's complaints process;
- I wish to file a formal complaint against a practitioner as outlined in this form; and
- The information that I have provided is true and accurate to the best of my abilities.

Name

Date

Thank you for bringing your concern to our attention.

Complainant Information

Last Name: _____ First Name: _____

Please indicate which personal pronouns you use (for example, they/them):

Mailing Address: _____
Street Number Street

_____ City Province Postal Code

Telephone Number: _____

Email Address: _____

I authorize the College to communicate with me via email

Patient Information *(if different from the person filing the complaint)*

Last Name: _____ First Name: _____

Mailing Address: _____
Street Number Street

_____ City Province Postal Code

Telephone Number: _____

Email Address: _____

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