College of **Midwives** of Alberta

Complaint Form

Section A: Your Contact Information

Name:_____   Province: _____

Street/P. O. Box:_____   Postal Code: _____

Town/City: _____

Telephone numbers:

Home _____   Work _____

Cell _____   E-Mail _____

Relationship to this complain, I am a (please tick)
- ☐ Client
- ☐ Family member of the client
- ☐ A friend of the client
- ☐ Midwifery colleague
- ☐ Other Health Professional (please specify) _____
- ☐ Other (please specify) _____

Section B: Details of your Complaint

Please identify the Midwife/Midwives about whom you are making this complaint. Please provide the name of the Midwifery Practice, especially if your concern also includes or involves the Midwifery Practice.

_____

_____

Where did this incident occur (private clinic, hospital, home, birth centre, prenatal, home visit, other)? If applicable, provide exact name of the hospital or birth centre.

_____

_____

In what city, town, or rural location did this incident occur?

_____

When did this incident occur (date(s) of incident)?

_____

_____

Section C: Please tell us what happened

Please describe your complaint in as much detail as possible, using additional pages if required. Be sure to include specific information on what occurred between you and the Midwife/Midwives and/or the Midwifery Practice. Please enclose copies of any documents you feel are related to your complaint.

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To help the College of Midwives of Alberta review your complaint, please list in point form the questions/concerns you would like the College to address.

1.
2.
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4.

Please use additional pages if needed.

Section D: Signature

It is important to read this paragraph before signing the form:

By signing this form, you are filing a formal complaint against the midwife(s) named in the form.   You are also authorizing the CMA to provide the midwife(s) with specifics about this complaint. By signing this form, you are furthermore authorizing the CMA to obtain your personal details and personal health information pertaining to any and all aspects of this complaint.

_____
Printed name of Complainant

_____
Signature of Complainant

_____
Date of Complaint

This form and all accompanying pages must be mailed to:

COLLEGE OF MIDWIVES OF ALBERTA
C/O REGISTRAR
119E 1144 29 Ave NE
Calgary, AB T2E 7P1

DO NOT FAX OR E-MAIL.