

**Mission Statement**

The Alberta College of Medical Diagnostic and Therapeutic Technologists exists so that the public is assured of receiving safe, competent and ethical diagnostic and therapeutic care by regulated and continually advancing professions.

Complaint Process

The information requested within this document is necessary for the Alberta College of Medical Diagnostic and Therapeutic Technologists to commence a formal inquiry. All information will be retained securely and in accordance with our [Privacy Policy](#).

The Complaint Reporting Form must be dated and signed and then mailed to the attention of Complaints Director. Once received and reviewed by the Complaints Director, you will be advised as to what action will be taken. If deemed necessary, the Complaints Director will appoint an investigator to look into the allegations. Please note that if a formal investigation into your concerns is initiated, a copy of your completed Complaint Reporting Form will be provided to the medical radiation technologist or electroneurophysiology technologist in question.

The investigator will gather information relevant to your complaint and forward a report to the Complaints Director. After the report is reviewed by the Complaints Director, you will receive correspondence advising you of the action being taken with respect to the complaint.

This process can take anywhere from three to six months depending on the complexity of the complaint. The College takes your complaint seriously and will investigate it as thoroughly as possible.



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Complaint Reporting Form

The information provided on this form is retained securely and in accordance with our Privacy Policy. Attach any relevant information you have that will assist in this investigation.

Note: If you are lodging a complaint on behalf of another person, please provide us with a copy of the document authorizing you to act on behalf of this person (i.e. Executor of Estate, Legal Guardianship, etc.)

Information for the person making the complaint (complainant)		
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		
Full Name	Telephone	Alternate Telephone
Address	City/Province	Postal Code
Email		
Complaint Information		
Provide the complete name, address and telephone number of the health care facility or independent clinic involved with this complaint.		
Provide the complete name of the technologist involved with this complaint and the date that the incident occurred. If the name of the technologist is unknown, please advise.		
Provide complete names, addresses and telephone numbers of other individuals from whom information may be obtained (i.e. physicians, witnesses, etc.)		

I wish to lodge a formal complaint against:

Please provide a clear description of the complaint and the technologist (attached additional sheets if required). Please be as specific as possible regarding the nature of your concern(s) about the technologist. This section must be completed in order to register a formal complaint.

Signature of complainant

Date