

## 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.

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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.

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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.
- 3.
- 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.

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Printed name of Complainant

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Signature of Complainant

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Date of Complaint

**This form and all accompanying pages must be signed and sent to:**

By mail:

**COLLEGE OF MIDWIVES OF ALBERTA  
C/O COMPLAINTS DIRECTOR  
Suite 310 259 Midpark Way SE  
Calgary, AB T2X 1M2**

Or as an attachment to an email to:

[complaints.director@albertamidwives.org](mailto:complaints.director@albertamidwives.org)

or Fax: 1-403-474-3990