



**NMOS**  
**NATIONAL MANUAL OSTEOPATHIC**  
**SOCIETY**

### Complaint Submission Form

The National Manual Osteopathic Society takes your complaint seriously and will investigate, however it is important to note that often the process takes several weeks to complete depending on the complexity of the complaint.

**To begin a formal inquiry into your complaint, please:**

- Complete this form. A completed form is necessary to initiate a full investigation of your complaint.
- Forward the completed submission and authorization forms to the NMOS Office.

**Upon receiving the forms, NMOS will:**

- Form a Disciplinary Committee consisting of 1 Board member and 4 appointed members.
- The Disciplinary Committee will contact the Manual Osteopath in question and provide them with a summary of the complaint. The NMOS member will have 30 days to respond.
- The Disciplinary Committee will contact those individuals who may have information relevant to the complaint. Those individuals will have 30 days to respond.
- The Disciplinary Committee will review all information. Further communication with the parties involved may be necessary.
- The Disciplinary Committee will make a ruling and inform the Board of Directors of their ruling.

**Disciplinary Procedure**

- After the investigation is completed and the Disciplinary Committee has made their ruling, the NMOS will initiate the Disciplinary Procedure as required and notify the complainant and the respondent of the ruling.

***If you have any questions or require assistance to complete this form, please contact the NMOS Office at 403-227-1496.***

**A. Person Registering Complaint**

Ms./Mrs./Mr./Dr. First Name Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone (Primary): \_\_\_\_\_

Telephone (Secondary): \_\_\_\_\_

*If you are not the client, please describe your relationship to the client and provide details about the client below. If you are the client please proceed to section C.*

**B. Client Information**

Ms./Mrs./Mr./Dr. First Name Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone (Primary): \_\_\_\_\_

Telephone (Secondary): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Please note that if you are making a complaint on behalf of a client, consent from the client or the client's legal representative to release medical information will be required.

**C. Manual Osteopath Information**

Manual Osteopath First Name Last Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Clinic Telephone Number: \_\_\_\_\_

Manual Osteopath NMOS Membership Number: \_\_\_\_\_

**D. Witnesses**

Provide the name(s) of any other individual(s) and the details of the information they may have pertaining to the complaint (i.e. physician, other health professionals)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Information pertaining to complaint: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Information pertaining to complaint: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Information pertaining to complaint: \_\_\_\_\_

Has this complaint been registered with any other organization or agency? ☐ Yes ☐ No

If so, please complete the following:

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### E. Details of Complaint

Date(s) of Treatment: \_\_\_\_\_

Body Location or Type Treatment: \_\_\_\_\_

*Provide a brief and clear description of the complaint(s) you have about the Manual Osteopath named in this submission. Include examples where appropriate (e.g. if you are alleging rude behavior provide examples). Please type the report and attach a copy here*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. What is your expectation from the investigation of this complaint?**

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- Although the Complaints and Disciplinary Committee seek to resolve conflicts between clients and Manual Osteopaths to the satisfaction of all parties involved, the purpose of the complaints resolution process is to reduce the risk of recurrent conduct that prompted the initial complaint.
- The National Manual Osteopathic Society cannot award financial compensation.
- Please note, all information received is to be treated and considered as CONFIDENTIAL. It is solely intended for the use of the NMOS Complaints and Disciplinary Committee and the Manual Osteopath that the complaint is against, or entity to who this correspondence is addressed. All other recipients are prohibited from disclosing, copying, using, distributing or taking any action in reliance of the contents.

I have read the preceding, and it is true to the best of my information and belief.

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Signature of client	Date
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Signature of person making complaint (if different from client)	Date
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Return to:  
National Manual Osteopathic Society  
PO BOX 6036  
Innisfail, AB  
T4G 1S7  
Email: [info@nmos.ca](mailto:info@nmos.ca)

**OFFICE USE:**

Date Received into NMOS Office: \_\_\_\_\_ Via: ☐ Mail ☐ Email

Signature of Staff Receiving Complaint: \_\_\_\_\_

Date Submitted to Complaints Committee: \_\_\_\_\_

Resolution of Investigation: \_\_\_\_\_

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