

NEW BRUNSWICK
ASSOCIATION OF MEDICAL RADIATION TECHNOLOGISTS

COMPLAINT FORM

This form is intended to assist a member of the public in filing a complaint against a Medical Radiation Technologist (**MRT**). If you feel that your MRT has not treated you in a professional manner, this process allows you to avail of the administrative process contemplated by the *Medical Radiation Technologists Act, 2004* (the “**Act**”).

In submitting your complaint, we ask that you complete all of the sections in pen. Should you have difficulty please contact the Office of the Registrar of the New Brunswick Association of Medical Radiation Technologists.

SECTION A – YOUR NAME (you are the Complainant)

First Name:	Last Name:
Mailing address:	Telephone number(s) including area code:
E-mail:	Fax:

ONLY complete this box if you are complaining on behalf of someone else in your capacity as guardian or pursuant to a power of attorney. Please specify the nature of the relationship in the appropriate box.

First Name:	Last Name:
Relationship to you:	

SECTION B – WHO ARE YOU COMPLAINING ABOUT (the “**Respondent**”)

Name of the MRT:			
Location of Treatment:			
Municipality:	Postal Code:	E-mail:	Telephone number:

Complainant’s Signature

Date (YYYY/MM/DD)

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Additional Respondent (2):

Name of the MRT:			
Location of Treatment:			
Municipality:	Postal Code:	E-mail:	Telephone number:

Additional Respondent (3)

Name of the MRT:			
Location of Treatment:			
Municipality:	Postal Code:	E-mail:	Telephone number:

Additional Respondent (4)

Name of the MRT:			
Location of Treatment:			
Municipality:	Postal Code:	E-mail:	Telephone number:

Should there be any additional Respondent(s), please list them on a separate sheet of paper.

SECTION D – IDENTIFY THE NATURE OF YOUR COMPLAINT

Place a check next to the corresponding ground(s) for your complaint: <input type="checkbox"/> Competence of the MRT <input type="checkbox"/> Misconduct of the MRT <input type="checkbox"/> Capacity of the MRT

Complainant's Signature

Date (YYYY/MM/DD)

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SECTION E – When and where did the incident giving rise to this complaint take place?

SECTION F – Describe precisely the nature of the incident(s) giving rise to this Complaint. Please provide specific dates, if possible, and indicate where the incident took place.

If you require additional space, please insert additional pages.

Section G – Read the statements below and sign and date below each statement.

- i) I am making a complaint against an MRT to the New Brunswick Association of Medical Radiation Technologists. I declare that the information that I have provided in this form is true to the best of my knowledge and belief.**

Complainant’s Signature

Date (YYYY/MM/DD)

- ii) I understand that if my complaint is accepted that a copy of this complaint will be sent to the Respondent(s).**

Complainant’s Signature

Date (YYYY/MM/DD)

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- iii) **I have signed, dated and numbered each page of my Complaint Form and any pages that I have added to the form.**

Complainant's Signature

Date (YYYY/MM/DD)

Please forward any changes in your contact information to the Registrar as your complaint may be deemed to be abandoned if we are unable to contact you.

Complainant's Signature

Date (YYYY/MM/DD)

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