

P.O. Box 167, 412 Roncesvalles Ave. Toronto, Ontario M6R 2N2 ontarioherbalists.ca | office@ontarioherbalists.ca Phone: 416.655.4714 | Toll free: 1.877.642.4372

## **Complaint Procedure**

The attached form allows for 2 separate complaint processes, formal and informal. Below is an explanation of the 2 options.

## **Informal Complaint**

- Fill out the attached form including your name and contact information.
- The Ontario Herbalists Association (OHA) will send a letter to the herbalist in question stating that there has been a complaint, and where applicable may include some reminders about OHA practitioner guidelines.
- Your name and complaint details will not be released to the herbalist.
- The OHA will keep a copy of your complaint on file for a minimum of 7 years.

## **Formal Complaint**

- Fill out the attached form including your name and contact information
- The OHA Professional Ethics Committee (PEC) will send a letter to the herbalist in question stating there has been a formal complaint. The PEC will ask the herbalist to release your personal confidential file to the PEC for review.
- Your name and complaint details will be released to the herbalist.
- Upon review of the file, the PEC will decide:
  - if the complaint requires commencement of the Disciplinary Protocol OR
  - if the complaint requires a letter to the herbalist which may include some reminders about OHA practitioner guidelines OR
  - if the complaint is unsubstantiated and requires no action

If the PEC concludes that the actions of the herbalist require disciplinary action, the Disciplinary Protocol will commence

You may be asked to appear during the Disciplinary Protocol to further state your complaint in the presence of the Disciplinary Committee, or to provide further detail about your complaint

- The decision by the PEC on what action to take is final.
- The OHA will keep a copy of your complaint on file for a minimum of 7 years.



P.O. Box 167, 412 Roncesvalles Ave. Toronto, Ontario M6R 2N2 ontarioherbalists.ca | office@ontarioherbalists.ca Phone: 416.655.4714 | Toll free: 1.877.642.4372

**Relationship to Client:** 

Complaint Form				CONFIDENTIAL
	e-mail. Please	print legibly on a	II sections	nit it to the Ontario Herbalists s. A representative from the OHA
Please indicate type of	complaint:	☐ Formal Con	nplaint	☐ Informal Complaint
(an		son Registering ment of your compl		
Name (Given & Surnam	ne):			
Address:				
City:		Province:	Po	stal Code:
Phone #: -	-	Alternate	Phone #:	
Email Address:				
	ng your name		ed to the I	process, details of your Registered Herbalist about at.
		•	•	scribe your relationship to the client nplaint, please proceed to section (C).
	(B	3) Client Inform	nation	
Name (Given & Surnam	ıe):			
Address:				
City:		Province:	Po	stal Code:
Phone #: -	-	Alternate	Phone #:	
	1			

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 requested.



P.O. Box 167, 412 Roncesvalles Ave. Toronto, Ontario M6R 2N2 ontarioherbalists.ca | office@ontarioherbalists.ca Phone: 416.655.4714 | Toll free: 1.877.642.4372

			red in the Complaint us identify the Registered in	
Name:				
Address:				
City:		Province:	Postal Code:	
Phone #: -	-	Alternate	Phone #: -	-
Email Address:				
Does your complaint involv If so, which Court or Tribun		•	, before a Court or Tribunal?	○ No ○ Yes
		Details of the Co		
Provide a history of the econduct of the Registered		olaint, referencing supp	porting documents, specific to	the actions and



P.O. Box 167, 412 Roncesvalles Ave. Toronto, Ontario M6R 2N2 ontarioherbalists.ca | office@ontarioherbalists.ca Phone: 416.655.4714 | Toll free: 1.877.642.4372

#### (E) Release of Medical Information

Formal Complaints ONLY, Informal Complaints proceed to section (F)

I give my consent to the Registered Herbalist to release the file with my records to the Board of Directors of the Ontario Herbalists Association for the purpose of this investigation. I understand that OHA will provide the Registered Herbalist details of my complaint.

Signature	Date	

## (F) Acknowledgement

Consent & Signature

I am filing this complaint for investigation and consideration by the Ontario Herbalists Association and not for personal gain or other purpose.

Signature	Date	

#### Please print and send the completed form to:

Ontario Herbalists Association P.O. Box 167, 412 Roncesvalles Ave. Toronto, ON M6R 2N2, **Or scan and email to:** office@ontarioherbalists.ca

# For more information about the complaints process, please contact:

OHA Office Administrator

Email: office@ontarioherbalists.ca

Phone: 416.655.4714 Toll free: 1.877.642.4372

