



Complaint Form

Authorization for Consent and Release of Information

Please fill in the complaints form below. To learn about the full complaints process, please review the Complaints Process on the website www.samrt.org.

If you have questions, please contact the Executive Director/Registrar by phone: (306)-525-9678 or email: debbieschatz@samrt.org.

Submit via email to debbieschatz@samrt.org or via Fax: 306-543-6161

YOUR INFORMATION

First Name* _____

Last Name* _____

Address Line 1* _____

Address Line 2 _____

City* _____

Country _____

Province Code/Zip Code* _____

Primary Phone* _____

THE MEMBER YOU ARE COMPLAINING ABOUT (RESPONDENT)

Medical Radiology Technologist _____

Place of Work _____

Street Address 1 _____

Street Address 2 _____

City _____

Country _____

Province/State _____

Postal Code/Zip Code _____

COMPLAINT

Describe the incident(s) that took place in as much detail as you can provide, including when and where the incident(s) occurred. If you require assistance identifying individual, please contact us directly at info@samrt.org.

PATIENT INFORMATION

Provide the names and the relationship between the complainant and the patients or any additional patients who are involved in the complaints.

WITNESS INFORMATION

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

SUPPORTING DOCUMENTATION (Optional)

Other supporting documents can be attached with this form and submitted via email or fax.

ACKNOWLEDGEMENT

_, I as the complainant, agree to the following terms in submitting my complaint: *

1. The SAMRT member in question will be provided an opportunity to respond to the concerns outlined in the complaint.
2. SAMRT will provide the member with a copy of the complaint and may share some or all the information and documentation collected during the investigative process.
3. SAMRT may communicate with any person or persons who may be able to assist with the investigation of this complaint.
4. My name will be released to the SAMRT member in question and the SAMRT Discipline Committee for the purpose of conducting a thorough investigation.
5. I will allow for a recorded interview (audio and/or video) with a SAMRT-appointed investigator.
6. I understand the constraints and obligations of the investigative process as described on the SAMRT website.
7. If the patient is deceased, privacy rights for deceased patients continue after death unless one of the exceptions stated in Section 27(4)(e) of The Health Information Protection Act (HIPA) applies:

i. where the disclosure is being made to the personal representative of the subject individual for a purpose related to the administration of the subject individual's estate; or

ii. where the information related to circumstances surrounding the death of the subject individual or services recently received by the subject individual, and the disclosure:

A. is made to a member of the subject individual's immediate family or to anyone else with whom the subject individual had a closer personal relationship; and

B. is made in accordance with established policies and procedures of the trustee, or where the trustee is a health professional, made in accordance with the ethical practices of that profession.