

Complaints and Disciplinary Procedures Against Accredited Dietitians of the Hong Kong Academy of Accredited Dietitians (HKAAD)

Complaint Form

Details of the Complainant	
Full Name* (Anonymous complaints will not be accepted)	Name in English:
	Name in Chinese:
Daytime phone no*	
Email address*	
Corresponding address*	
Are you the service user in the complaint? *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Others _____
Are you complaining on someone else's behalf?*	<input type="radio"/> Yes <input type="radio"/> No If 'Yes', what is your relationship to the service user? Please provide the service user's full name and contact particulars? _____
Details of the Respondent (HKAAD Accredited Dietitian)	
Name*	English name:
	Chinese name:
Name of the organization/ company*	
Phone no	
Corresponding address	
Email address	
HKAAD membership no*:	(HKAAD cannot process complaints against non-HKAAD Accredited Dietitian. Please check the HKAAD List of Accredited Dietitians here .)

Details of the Complaint	
Date of the reported incident* (MM/DD/YY)	
<p>Complaint Details*</p> <p>Please describe:</p> <ul style="list-style-type: none"> - exactly what happened; - your specific dissatisfaction with the Accredited Dietitian <p>(Additional sheets can be attached with this form if necessary)</p>	
<p>Please provide and list out any relevant materials, e.g. letters, medical records, reports, which may support your complaint. (All originals will be returned to you after the conclusion of the case)</p>	<p>1. _____ <input type="radio"/> Original <input type="radio"/> Copy</p> <p>2. _____ <input type="radio"/> Original <input type="radio"/> Copy</p> <p>3. _____ <input type="radio"/> Original <input type="radio"/> Copy</p> <p>4. _____ <input type="radio"/> Original <input type="radio"/> Copy</p>

<p>Are there any other person(s) who witnessed the matters you are complaining about?*</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If 'Yes', please provide her/ his/ their name(s) and contact particulars below, and describe how they are involved in the event.</p> <hr/> <hr/>
<p>Have you complained to any other organization about this matter (for example, Hospital Authority) or taking civil action?*</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If 'Yes', please state which organization you have complained to. Give us brief details of what happened to your complaint, and send us copies of any relevant letters between you and that organization.</p> <hr/> <hr/>

*Compulsory fields to be filled

Signature: _____

Name in Block Letters: _____

Date: _____

Please send your completed complaint form by mail to:

Hong Kong Academy of Accredited Dietitians
The Chairperson of Preliminary Investigation Committee
Hong Kong Academy of Accredited Dietitians
Address: Jesse H.Y. Kwok & Co
6th Floor, Fortune Centre,
44-48 Yun Ping Road, Causeway Bay, Hong Kong
or by email to complaint@hkaad.hk

PERSONAL INFORMATION COLLECTION STATEMENT:

1. The provision of your personal data to the Hong Kong Academy of Accredited Dietitians (HKAAD) is voluntary. All personal data submitted will only be used for purposes which are directly related to your complaints, and may be disclosed to agencies who are authorised to receive information for the same purposes.
2. You have the right to request access to and correction of your personal data submitted in this compliant form in accordance with the Personal Data (Privacy) Ordinance. Request for access or correction of personal data should be made in writing to complaint@hkaad.hk.