

## 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 complaint shall not be accepted by HKAAD)	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? _____
Do you agree your name will be disclosed during the complaint and disciplinary procedures?	<input type="radio"/> Yes <input type="radio"/> No
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 <a href="#">here</a> .)
<b>Details of the Complaint</b>	
Date of the reported incident* (MM/DD/YY)	
Complaint Details* Please describe: - exactly what happened; - your specific dissatisfaction with the Accredited Dietitian (Additional sheets can be attached with this form if necessary)	



<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> <p>_____</p> <p>_____</p>
<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> <p>_____</p> <p>_____</p>

\*Compulsory fields to be filled

Signature: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send your completed complaint form by mail to:**

The Chairperson of Preliminary Investigation Committee  
Hong Kong Academy of Accredited Dietitians

Mailing Address:

Room No. K1 Unit 2101, 21/F Gala Place, 56 Dundas Street, Kowloon, Hong Kong

or by email to [complaint@hkaad.hk](mailto: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 complaint 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](mailto:complaint@hkaad.hk).

**TERMS and CONDITIONS**

1. The provision of your personal data and other information to the HKAAD is voluntary. The HKAAD reserves the right to request any incomplete information or any information the HKAAD thinks fit. Should you fail to provide the requested information, the HKAAD may not proceed with the complaint handling procedure.
2. Should the complainant be not the service user in the complaint, the HKAAD reserves the right to request the complainant to submit a written explanation of the reasons the service user in the complaint not filing the complaint in person, the authorisation letter from the service user in the complaint authorising the complainant to file the complaint on his/her behalf and the evidence of the relationships between the complainant and the service user in the complaint.
3. Should the complainant or the service user in the complaint is under the age of 18 years old, the parent or the legal guardian of the complainant or the service user should accompany the complainant or the service user in the complaint during the complaint handling.
4. Should the complaint be filed to any other organizations, the HKAAD reserves the right to request you to provide the information, progress and results of the complaint filed to those organizations.
5. Should the complaint is not made against an Accredited Dietitian of the Accredited Dietitian Register administered by the HKAAD, the HKAAD shall inform complainant that the complaint would not be deal with, and the complaint record will be maintained and may be passed to the committee responsible for the registration in the HKAAD for consideration, and the person whom the complaint is made against may be notified of the complaint should he/she apply for registration.