

SUBMITTING A CONCERN

As a self-regulating profession, the Manitoba Chiropractors Association (MCA) has statutory obligations for public safety. There are several roles and committees that are accountable to the seven-member MCA Board of Directors. This includes a legislatively mandated Complaints Committee, an Investigations Chair, Investigators, members of an Inquiry Panel, members of the public and MCA staff who assist with concerns and discipline.

There are two members of the MCA Board of Directors who are also members of the public; one is appointed by the provincial government and the other by the Board after a public call for interest. Public protection is further enhanced by the mandatory regulatory committees and the work of our Registrar.

Despite the precautions noted above, you may sometimes be dissatisfied with the service, care, attitude or conduct of your chiropractor. If this is the case, you should feel that you can discuss the matter with your chiropractor in an open and forthright manner. Advising your chiropractor of your concerns may help to resolve the issue and increase your satisfaction with subsequent care.

However, if the issue cannot be resolved through discussion, or if you feel discussion is not appropriate, you have the right to put forward your concerns (a Submission of Concern Form is provided for your use).

We know the process can be stressful for both the submitter of concern and the chiropractor. Our process is designed to protect the public, while providing a fair hearing for the chiropractor.

Once a written concern is submitted to the MCA, it will be reviewed by the Registrar to determine if there is a potential breach of the regulations governing Manitoba Chiropractors. If a breach is identified, the concern will be forwarded to the appropriate body, either the Chair of the Complaints Committee or, depending on the nature of the allegation, the Chair of Investigations. If no breach is identified the Registrar will contact you to discuss the matter directly. The member involved will receive a copy of the concern and must respond within ten days. Information from the member's response may be shared with you during the review and processing of the concern.

The Complaints Committee reviews the concern and works to resolve it, if possible. If the Committee is unable to resolve it, the complaint is moved to the Investigations Chair.

The Investigation Chair reviews the complaint, arranges a preliminary investigation, and reviews evidence from appointed investigators. The Investigation Chair may facilitate a resolution to the matter by obtaining a professional undertaking by the member or the Investigation Chair may report to the MCA Board of Directors with a recommendation that no further action be taken or that the matter be forwarded to an Inquiry.

An Inquiry is made up of four members of the profession and one member of the public. After hearing the case, the Inquiry Committee's final judgment is sent to the MCA Board of Directors to dismiss or determine orders, penalties, undertakings, suspension, and discipline. The Registrar then carries out and/or monitors undertakings, conditions, discipline, and suspensions.



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The process of submitting a concern at the MCA is not a court of law. In filing a concern, the individual who submits the concern is asking the MCA to investigate the care and/or professional behavior provided by a chiropractor. The MCA cannot order a chiropractor to provide a patient with financial compensation. Patients seeking financial compensation should seek legal advice.

A submission of concern to the MCA is not actionable. This means that you cannot be sued for what you state in a concern, if it has been directed only to the MCA, and provided that the concern is not made in bad faith or for an ulterior purpose.

The time to complete an investigation will vary, depending on the complexity of the concern and the timeliness in which responses are received. Please note that information may be requested from other individuals who have been identified as part of the Investigation. In some cases, an expert opinion may be sought.

For more information, you can contact the MCA at:

Phone: 204-942-3000

Email: regulatory@mbchiro.org

Instructions for Submitting a Concern:

1. Complete this form with as much detail as possible.
2. Ensure the form is signed and print or save the form to your computer.
3. Keep a copy of the form for your records.
4. Mail or email the completed and signed form, along with any additional documentation to the MCA office:

**Manitoba Chiropractors Association
505-1445 Portage Avenue
Winnipeg, MB R3G 3P4**

Email: regulatory@mbchiro.org



SUBMISSION OF CONCERN

1. PERSON REGISTERING CONCERN

NAME:		PREFIX:	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
PHONE:	EMAIL:	DATE OF BIRTH (dd/mm/yyyy):	

2. CHIROPRACTOR INFORMATION

CHIROPRACTOR'S NAME:
NAME OF CHIROPRACTIC CLINIC:
DATES ATTENDED THE CLINIC:
DATE WHEN THE CONCERN HAPPENED (IF IT OCCURRED ON ONE SPECIFIC DATE):
HAVE YOU TRIED SPEAKING TO THE CHIROPRACTOR ABOUT YOUR CONCERN? ☐ YES ☐ NO



SUBMISSION OF CONCERN

3. DETAILS OF YOUR CONCERNS

Please provide a clear description of your concerns about this chiropractor. Include in your description what the chiropractor did or failed to do to cause your concern. Please enclose copies of any documents you feel would be relevant to the investigation. A copy of this concern will be sent to the chiropractor you have identified.



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[Empty box for submission of concern]

[attach additional pages if necessary]



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4. OTHER DETAILS

Please identify any other individuals who provided medical care or may have information relevant to your concerns. Include full names and contact information.

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Signature of Person Registering Concern

Date

AUTHORIZATION FOR CONSENT AND RELEASE OF INFORMATION

I, the undersigned, consent and authorize the release of information contained in any health records, including chiropractor office records and patient billing information, concerning the individual hereby contacting the MCA as it relates to my concerns, as is necessary for the investigation of the above concerns in accordance with the regulatory process.

FULL NAME:
DATE OF BIRTH (dd/mm/yyyy):

Signature

Date