INCIDENT REPORT

**FOR MEMBERS OF THE CANADIAN ASSOCIATION OF NATUROPATHIC DOCTORS**

In the event of a complaint against professional services please complete and return this form to Partners Indemnity Insurance Brokers as soon as possible. On receipt of the completed form you will be contacted.

**PRACTITIONERS CONTACT INFORMATION:**

**NAME:**

**MAILING ADDRESS:**

**PHONE #: Fax #: E-MAIL:**

**COMPLAINANT’S CONTACT INFORMATION:**

**NAME:**

**MAILING ADDRESS:**

**PHONE #: Fax #: E-MAIL:**

**PROVIDE COMPLETE DETAILS OF THE COMPLAINT(S). ATTACH ADDITIONAL PAGES IF NECESSARY:**

**SIGNATURE:**

**DATE:**