



**COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS  
OF MANITOBA**

245 Lilac Street  
Winnipeg, MB R3M 2S2  
www.cmltm.ca

Phone: 204-231-0311  
Fax: 204-489-7300  
Toll Free: 877-331-0311  
E-mail: cmltm@cmltm.ca

# Professional Conduct Report Form

## PERSON FILING THE COMPLAINT

First Name

Last Name

Home Address (Street, City, Province, Postal Code)

Primary Telephone

Secondary Telephone

Email Address

## PERSON COMPLAINT IS REGARDING

First Name

Last Name

Workplace and Department

## DETAILS OF COMPLAINT

Please attach a brief outline of your concerns and include information on the following:

- Date(s)
- Location(s)
- Reason for Concern
- Description of Events

If you submit attachments, please provide a specific explanation of how the materials relate to the issues you are raising in the complaint.



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**QUESTIONS/CONCERNS**

Please list in point form the questions/concerns you wish the member to address in their response to your complaint, if any:

**EXPECTATIONS**

What are your expectations/goals for the review of this complaint?



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**AUTHORIZATION**

**Please read carefully.**

1. I give the College of Medical Laboratory Technologists of Manitoba (CMLTM) permission to disclose my concern(s) to the member named in this complaint. I also give CMLTM permission to release a copy of my complaint and any supporting documents submitted with my complaint to the member named in this complaint, in order for the CMLTM to obtain their response. I understand that any letters to me from the CMLTM, which include requests for clarification of my concerns or complaint, will also be released to the member to ensure that they are adequately aware of my concerns or complaint.
2. I authorize the member to release to the CMLTM any information relating to services provided, including any documentation in their practice records relating to these services. I understand that such information will be used in the investigation of my complaint and may be provided to the Inquiry Committee for its consideration of this matter.
3. I authorize the CMLTM to communicate with me via e-mail at the e-mail address provided.

\*Note: If you do not agree to these terms, then the complaint cannot be addressed or investigated within the confines of The Medical Laboratory Technologists Act, C.C.S.M. c. M100.

Signature

Date Signed