



## Unauthorized Practice Reporting Form

### A. Person Filing Report

Name				Date of Birth
Address				Suite No.
City	Province	Country	Postal Code	
Email				

- I authorize the College to communicate with me via email at the address provided above  
 I wish to submit the report anonymously

### B. Practitioner's Clinic Information

Clinic Name				Telephone
Address				Suite No.
City	Province	Country	Postal Code	
Name of Practitioner (if known)				
If Name of Practitioner is not known, physical description (if known)				

### C. Supporting Documentation

- I am providing supporting documents.

Documentation can include, but are not limited to business cards, advertisement, website printouts, receipt of treatments.

### D. Details of Report

Details Continued

## E. Signature

By signing below, I understand that I am filing a report for the illegal practice of a practitioner practicing under the scope of Traditional Chinese Medicine in Ontario.

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Name (Printed)

Signature

Date

If you would like to speak with someone about the report process, please contact the College, at 416.238.7359 or email us at [conduct@ctcmpao.on.ca](mailto:conduct@ctcmpao.on.ca).

Thank you for bringing your concerns to our attention.