



Complaints Form

Complainant Information

Name

Preferred Salutation: Mr. Ms. Mrs. Dr. Other

Mailing Address:

Personal Phone

Work Phone

May we contact you at work? Yes No

Practitioner (former practitioner) Information

Name

Type: Audiologist Speech - Language Pathologist

Business Address:

What is your relationship to the practitioner (or former practitioner)? Examples include, but are not limited to, client, family member of client, colleague, employer, and employee.

Have you or a family member received services from the practitioner (or former practitioner)?

Yes No

Do you or your family member currently receive services from the practitioner (former practitioner)?

Yes No

Please describe the events that have lead you to file a complaint. As much as possible, please include facts such as dates, times, locations, and names of all involved or witnessed an event. If you require more space please write on a separate page and attach to the rest of the complaint.

If you have documentation to share in relation to your complaint please scan them and email them to the registrar with your name in the title.

Please list any documents you are submitting:

What do you hope will happen as a result of your complaint?

Declarations

I understand that under the Audiologists and Speech-Language Pathologists Regulations (Section 48) the practitioner, or former practitioner, will be sent a copy of the complaint and related documentation.

I understand that under the Audiologists and Speech-Language Pathologists Regulations (Section 49:2) that there may be an investigator and that the investigator may request additional written or oral explanation from the complainant, the respondent, or third party.

Type or sign your name:

Date