COMPLAINT FORM

The College of Audiology and Speech-Language Pathology (CASLPPEI) requests the completion of this form when filing a complaint against an audiologist or speech-language pathologist registered with the College.

By completing this Complaint Form you:

- 1. Acknowledge that you are lodging a written formal complaint and understand that the College will investigate all written formal complaints; and
- 2. Give permission to the College to access your records, and to request and receive copies of all medical and related records related to the complaint; and
- 3. Give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting documentation with any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint; and
- 4. Certify that the details and information provided are true, accurate and complete to the best of your knowledge.

If you have any questions concerning the above, require assistance, or would like to speak with College staff before completing this complaint, please contact the CASLPPEI.

Complainant Information			
PERSON FILING COM	PLAINT		
Name	GIVEN NAME(S), INITIAL(S)	LAST NAME	
Address	STREET NUMBER - STREET NAME - APT. /UNIT NUMBER	CITY/COMMUNITY	PROVINCE POSTAL CODE
Phone		Email	
If you are not the client or the person directly involved in the incident, please describe your relationship to that individual (parent, spouse, child, relative, health professional, lawyer or friend):			
	Relationship to Client		
Please be advised that if you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access personal information relating to the complaint.			
CLIENT (IF DIFFEREN	T FROM ABOVE)		
Name	GIVEN NAME(S), INITIAL(S)	LAST NAME	
Date of Birth	$D[M_1M]Y_1Y_1Y_1Y_1$		
Phone	En	nail	
Address	STREET NUMBER - STREET NAME - APT. /UNIT NUMBER	CITY/COMMUNITY	PROVINCE POSTAL CODE

 $College \ of \ Audiology \ and \ Speech-Language \ Pathology \ of \ Prince \ Edward \ Island \ - \ COMPLAINT \ FORM \ (CONTINUED)$

Health Professional's Information			
Health Professional's Name GIVEN NAME(S), INITIAL(S) LAST NAME			
Place of Work			
Complaint Details			
NATURE OF THE COMPLAINT			
☐ Communication issues ☐ Unprofessional behaviour ☐ Privacy/confidentiality			
☐ Other ☐			
OTHER COMPLAINT DETAILS			
When did the incident occur?			
If applicable, have you tried to discuss this complaint with the involved health professional?			
What do you hope to accomplish by submitting this complaint? (e.g., apology from the health professional, assistance			
with resolution, etc.)			
Complaint Narrative PLEASE USE YOUR OWN WORDS TO DESCRIBE THE COMPLAINT			
Signature of Complainant: Date: D_D M_M Y_Y_Y_Y_			