



COMPLAINT FORM

Instructions

1. Please fill out this form. You can type into the fillable Adobe form or print it and fill it out by hand.
2. Sign or e-sign the form.
3. Attach any other information or documents you want to provide with your complaint.
4. Email, fax or mail the completed and signed form to ACSLPA at:

Attention: Complaints Director

Alberta College of Speech-Language Pathologists and Audiologists

#620, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7

Fax: 780-408-3925 Email: complaintsdirector@acslpa.ca

Once we receive your complaint form, we will confirm receipt in approximately 2-5 business days. We will then contact you to discuss the complaint once it has been reviewed. It is important for you to understand what ACSLPA can and cannot do once your complaint is received. We cannot direct patient/client care, offer financial compensation or other remedies that may be sought in a civil action, provide you legal advice, or accept complaints about a health professional who is not a regulated member of ACSLPA. We encourage you to review our website for more information on the potential outcomes of a complaint and to learn more about the process and your role as a complainant. If you may benefit from assistance to complete this complaint form, please contact us at complaintsdirector@acslpa.ca. Although we cannot complete the form for you, we may be able to connect you with services that may assist you.

Your Information

Full Name: _____

Preferred Pronouns (optional): _____

Preferred Title (optional): First Name Mr. Mrs. Ms. Mx. Other _____

Mailing Address: _____

City/Town: _____ Postal Code: _____ Province: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

I am a:

Patient/Client

Member of the Public

Employer

Family Member, Friend, Parent or Guardian of a Patient/Client

Colleague, Coworker or Other Regulated Health Care Professional

Other: _____

On the next page of this form, you will be asked to provide the Speech-Language Pathologist or Audiologist's name and a description of what happened. If your complaint involves more than one Speech-Language Pathologist or Audiologist, please complete a separate complaint form for each person.

Complaint Details

Please provide the following details about the Speech-Language Pathologist or Audiologist involved:

Full Name of Speech-Language Pathologist or Audiologist: _____

Registration number of Speech-Language Pathologist or Audiologist (if known): _____

Contact Information for Speech-Language Pathologist or Audiologist (if known):

Place of Employment of the Speech-Language Pathologist or Audiologist (if known):

Date of Incident(s): _____

Location of Incident(s):

- In Clinic/Hospital: _____
- In Home: _____
- In School: _____
- Virtual/Remote: _____
- Other: _____

Please describe your concerns about the Speech-Language Pathologist or Audiologist: *(If more space is required or if you want to provide supporting documents or information, please attach them to this form.)*

Include specifics about your concerns. This could include the events leading to/surrounding your concerns and any outcomes/harm relating to your concerns. If possible, provide the names and contact information of potential witnesses or supporting documents.

	Yes	No
Have you attached any supporting documents or information to this complaint form?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried to resolve your complaint directly with the Speech-Language Pathologist or Audiologist involved?	<input type="checkbox"/> *	<input type="checkbox"/>
*If yes, describe what happened:		
Have you discussed your complaint with the Speech-Language Pathologist or Audiologist involved with their employer/manager (if applicable)?	<input type="checkbox"/> *	<input type="checkbox"/>
*If yes, describe what happened:		
Have you submitted a complaint to any other organization (e.g., Alberta Health Services Patient Relations, law enforcement, government organization)?	<input type="checkbox"/> *	<input type="checkbox"/>
*If yes, describe what happened:		
Have you contacted ACSLPA about your complaint before?	<input type="checkbox"/> *	<input type="checkbox"/>
*If yes, please tell us when:		

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

Acknowledgment

- I acknowledge and understand that any information attached to this form will be considered part of my complaint.
- I acknowledge that my name, a copy of this complaint form, and any other information attached, with my contact information redacted, will be sent to the identified Speech-Language Pathologist or Audiologist.
- I acknowledge that correspondence relating to this complaint to be sent to me via email at the email address provided.
- I acknowledge and agree that any personal information is collected in accordance with the Health Professions Act (“HPA”) and will be used by ACSLPA for regulatory and business purposes including contacting me regarding regulatory requirements, activities and updates. I further agree that my information may only be disclosed in accordance with the HPA and the Personal Information Protection Act (“PIPA”).

Signature

Your complaint must be signed and dated, or it cannot be accepted by ACSLPA.

Name: _____ Date: _____

Signature: _____

Please contact us at complaintsdirector@acslpa.ca for further information or if you require assistance completing the complaint form. Although ACSLPA cannot provide you legal advice, we encourage you to seek legal advice if you wish to do so.