



COMPLAINT FORM

Instructions

1. Review our website to confirm you understand the potential outcomes of a complaint and your role as a complainant: www.acslpa.ca/complaints-concerns-overview/
2. Complete this form. You can type into the fillable PDF form or print it and fill it out by hand.
3. Sign or e-sign the form.
4. Attach any relevant, additional documents you want to provide with your complaint.
5. 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

If you plan to use artificial intelligence (AI) to assist you with completing this form, please consider the following:

- An effective complaint does not need to refer to legislation or case law or appear as if written by a legal professional.
- AI-generated information may be lengthy and repetitive, may contain incorrect, irrelevant, and inaccurate information, and may require us to follow up with you for clarification or to have you re-submit your complaint. You, as the individual submitting the complaint, are responsible to verify/check any AI-generated content.
- Hearing your concerns, in your own words, helps us best understand you.

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.

Once we receive your complaint form, we will confirm receipt in approximately 2-5 business days. We will contact you regarding next steps once the form has been reviewed.

Your Information

Full Name: _____

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: _____

Your Information (continued)

I am a:

- | | |
|---|--|
| ☐ Patient/Client | ☐ Family Member, Friend, Parent or Guardian of a Patient/Client |
| ☐ Member of the Public | ☐ Colleague, Coworker or Other Regulated Health Care Professional |
| ☐ Employer | ☐ Other: _____ |

Complaint Details

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

If your complaint involves more than one Speech-Language Pathologist or Audiologist, please complete a separate complaint form for each person. Please note that ACSLPA can only accept complaints about professionals who are regulated members of the college, or who were regulated members within the last two years.

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):

- | | |
|---|--|
| ☐ Clinic: ¹ _____ | ☐ School: ⁴ _____ |
| ☐ Hospital: ² _____ | ☐ Virtual: ⁵ _____ |
| ☐ Home: ³ _____ | ☐ Other: _____ |

1. 'Clinic' means a location where outpatient services are provided.
2. 'Hospital' means a location where inpatient services are provided.
3. 'Home' refers to a location where services are provided to a client in their home (private and group living settings).
4. 'School' refers to services primarily provided in a school setting.
5. 'Virtual' refers to services delivered primarily remotely through a virtual medium.

Complaint Details (continued)

Please describe your concerns about the Speech-Language Pathologist or Audiologist:

Your complaint submission cannot be considered complete unless this section is filled out. This section must include your specific concerns (e.g., the events leading to/surrounding your concerns and any outcomes/harm relating to your concerns). You may also provide the names and contact information of potential witnesses or relevant supporting documents. Typically, the required information can be provided in less than 600 words. If you are considering using AI to assist you with this portion of your submission, please remember that hearing your concerns, in your own words, helps us best understand you.

Complaint Details (continued)

	Yes	No
So that we can confirm we have received your entire submission, have you attached any supporting documents or information to this complaint form?	☐	☐
How many pages are attached: _____		
Have you tried to resolve your complaint directly with the involved Speech-Language Pathologist or Audiologist?	☐ *	☐
*If yes, describe what happened:		
Have you discussed your complaint with the employer/manager of the involved Speech-Language Pathologist or Audiologist (if applicable)?	☐ *	☐
*If yes, describe what happened:		
Have you submitted a complaint relating to this matter to any other organization (e.g., Alberta Health Services Patient Relations, the Information and Privacy Commissioner of Alberta, the Alberta Human Rights Commission, law enforcement, government organization)?	☐ *	☐
*If yes, describe what happened:		
Have you contacted ACSLPA about your complaint before?	☐ *	☐
*If yes, please tell us when:		

Please describe what you hope will happen as a result of your concerns:

Please note that ACSLPA cannot:

- direct patient/client care,
- direct patient/client documentation or reporting,
- offer or direct a regulated member to provide financial compensation,
- provide you legal advice, or
- make criminal findings.

Acknowledgment

- ☐ I acknowledge and understand that any information attached to this form will be considered part of my complaint.
- ☐ I acknowledge and agree that, to the best of my knowledge, the information I have provided is complete and truthful (including any information generated by AI).
- ☐ 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 and that notices that I am required to receive under Part 4 of the *Health Professions Act* (“HPA”) will be sent to the mailing 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.

If you are signing this form on an electronic device, please also fill out the electronic signature declaration.

Name: _____ Date: _____

Signature: _____

- ☐ By checking this box, I confirm that my digital signature is to serve to the same degree as a handwritten 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.