



SECTION 1 Your Contact Information

(Please print clearly)

Name:
Prefix First Initial Surname

Home Address:

.....
Apt. Street

.....
City Province Postal Code

Day Phone (area code, number):

Alternate Phone Number (area code, number):

Contact Email Address:

SECTION 2 Health Care Professional Information

(Please provide as much detail as possible. Please refer to the Registry on the College website -- click Ctrl + F keys to search the registry @: www.cshhpbcc.org)

Name of Health Care Professional(s):

Audiologist Hearing Instrument Practitioner Speech-Language Pathologist

Clinic Name:

Clinic Address:

.....
Apt. Street

.....
City Province Postal Code

If you are the client of the Audiologist, Hearing Instrument Practitioner or Speech-Language Pathologist (i.e., a registrant of this College) and you would prefer that another person represent you in regard to your complaint, please complete Section III.

If the client is not living and you are the Next of Kin or Executor, or if the client has a Power of Attorney or Representation Agreement, complete Sections III and IV.

SECTION 3 Representative Information

I hereby give the following person permission to represent me regarding this concern:

Name:
Prefix First Initial Surname

Home Address:

.....
Apt. Street
.....
City Province Postal Code

Day Phone (area code, number):

Alternate Phone Number (area code, number):

Contact Email Address:

Relationship to Client:

I attest that the information provided on this application form is accurate and true.

.....
Signature of Representative Date Signed

SECTION 4 Executor/Power of Attorney Information

If the client is represented by an individual who is the Next of Kin or Executor, or has Power of Attorney or a Representation Agreement, the following information and signature is required to process this complaint:

Name:
Prefix First Initial Surname

Home Address:

.....
Apt. Street

.....
City Province Postal Code

Day Phone (area code, number):

Alternate Phone Number (area code, number):

Contact Email Address:

Relationship to Client:

I attest that the information provided on this application form is accurate and true.

.....
Signature of Representative Date Signed

SECTION 5 Dates(s) of Incident(s)

If the incident occurred on one occasion, please specify the date on or about when it took place:

Date:
DAY MONTH YEAR

If the incident(s) took place over a period of time, please specify the time frame:

From: To:
DAY MONTH YEAR DAY MONTH YEAR

SECTION 6 Detailed Description of Incident(s)

Please provide a detailed description of the incident(s) that has led to your decision to make a complaint to the College.

(IMPORTANT Note: If you are submitting additional pages, please number, date, and sign the bottom of each additional page.)

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.....

SECTION 7 Checklist

Before submitting this complaint form, please indicate with a checkmark that you have included the following information in your detailed description of the complaint:

- When and how was the incident discovered?
- Who discovered the incident?
- If you reported this incident to your Audiologist, Hearing Instrument Practitioner or Speech-Language Pathologist, what was the outcome?
- What outcome are you seeking from making this complaint?

SECTION 8 Use and Disclosure of Personal Information

I, the undersigned, understand that the College of Speech and Hearing Health Professionals of BC may obtain personal information about the complainant named in this complaint for the purposes of investigation into this matter; and that the College will use and, where necessary, disclose the information in accordance with the *Health Professions Act*, RSBC 1996 c. 183 and the *Freedom of Information and Protection of Privacy Act*, RSBC 1996 c. 165.

If you have any questions about the collection and use of this information, please contact the College of Speech and Hearing Professionals (see below).

I attest that the information provided on this application form is accurate and true.

.....
Signature of Complainant

Date Signed

.....
Name of Complainant (please print)

Date Signed

Mail, fax, or email your complaint to:

College of Speech and Hearing Health Professionals of BC
Attention: Registrar & CEO
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Phone: (604) 568-1568
Fax: (604) 568-1566
Email: complaints@cshhpbcc.org