

5. Consent

Upon receipt of your complaint, the CSASK may contact you:

- for additional information/clarification regarding your complaint.
- to participate in a recorded interview to investigate your complaint.

By submitting this complaint form, you consent to the following :

1. To meet the requirements of full disclosure, the CSASK member named in the complaint:
 - will receive a copy of the complaint;
 - will be given an opportunity to respond to your allegations.
2. To process and manage your complaint, the CSASK may release any information provided in this *Complaint Form* and copies of documents (partial or whole) that it receives from you, and/or any other person to:
 - the CSASK member named in the complaint;
 - CSASK staff or committees, as required to process and manage your complaint;
 - any other person or agency, as required to meet legal obligations.

If you have questions regarding this consent, you may contact the CSASK office.

7. Expectation from the Complaint

Please outline your expectation for the outcome of the complaint.

6. Description of the Complaint

Please describe your complaint in detail. You may attach a separate document if more space is required to describe the nature of your complaint. Also include any additional information or supporting documents.

cont. of Description of the Complaint

Submit to:
The College of Speech-Language Pathologists and Audiologists of Saskatchewan
1260 Hamilton Street | Regina, SK | S4R 2B4 |
Fax: 306-757-3986
Email: office@csask.ca