



Submit to:

The College of Speech-Language Pathologists and Audiologists of Saskatchewan
Email: office@csask.ca

1. Complainant Contact Information

As the individual submitting a complaint, please enter your contact information below:

_____	_____	
First Name	Last Name	
_____	_____	_____
Address	City/Town	Province
_____	_____	
Country	Email Address	
_____	_____	_____
Postal Code	Cell Phone	Home Phone

2. CSASK Registrant Identification

Please identify the audiologist or speech-language pathologist who is the subject of your complaint. If you have a complaint about more than one audiologist or speech-language pathologist, please complete a **separate form** for each one.

- Audiologist Speech-Language Pathologist

_____	_____	
First Name	Last Name	
Your relation to the audiologist/speech-language pathologist:		
<input type="checkbox"/> Colleague	<input type="checkbox"/> Regulatory Body	
<input type="checkbox"/> Employer	<input type="checkbox"/> Member of the Public	<input type="checkbox"/> Other: _____

3. Complaint Details

_____	_____	
Location of the Incident (facility name)	Address	
_____	_____	_____ / _____ / _____
City	Province	Date of the Incident - Month / Day / Year

If the incidents occurred over several dates, please specify the remaining dates in the text field on the following page.

4. Witness Information

If applicable, please identify any witnesses to the incident.

_____	_____	_____
First name	Last Name	Email Address
_____	<input type="checkbox"/> Not Applicable	
Phone		

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.

6. Expectation from the Complaint

Please outline your expectation for the outcome of the complaint.

7. 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