

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

404 -1755 West Broadway, Vancouver, B.C. V6J 4S5 Tel. (604)-736-6164, (800) 665-0979 (BC) Fax (604) 736-6133

COMPLAINT FORM

PLEASE REMEMBER to include your full name, complete contact information, signature and witness signature so the College will be able to proceed with reviewing your complaint.

A. PERSON REGISTERING COMPLAINT			
Last Name:		First Name:	
Address:			
City:	Prov/State:	Country:	Postal Code:
Home Phone #:		Work Phone #:	
If you are not the client/patient of the psychologist or psychological associate please describe your relationship to the client/patient.			

B. CLIENT/PATIENT INFORMATION [if person registering complaint is not the recipient of psychological services]			
Client/patient's Full Name:		Date of Birth:	
Address:			
City:	Prov/State:	Country:	Postal Code:
Home Phone #:		Work Phone #:	
Please note: If you are making a complaint on behalf of a client/patient, consent from the client/patient or the client/patient's legal representative to release confidential information will be requested.			

C. DETAILS OF PSYCHOLOGIST WHO IS THE SUBJECT OF THE COMPLAINT			
Registrant's Name:			
Address:			
City:	Prov/State:	Country:	Postal Code:
Phone #:			

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D. DETAILS OF COMPLAINT
On a separate sheet, please outline your concerns and include the following:
<ul style="list-style-type: none">• When and for how long have you been seeing the psychologist?• What did the psychologist do (or fail to do) to cause your concern?• When did this conduct (or lack of conduct) occur?• Why are you concerned about the psychologist's conduct?• Have you made any attempts to resolve this matter? If so, what?• Do you have any suggestions as to how the psychologist might resolve the matter?
Please attach any supporting documents and specify how each document relates to your concern.

E. AUTHORIZATION – PLEASE READ CAREFULLY
1. I give the College of Psychologists of British Columbia (CPBC) permission to disclose my concern(s) to the registrant named in this complaint. I also give CPBC permission to release a copy of my complaint and any supporting documents submitted with my complaint to the registrant named in this complaint, in order for the College to obtain his or her response. I understand that any letters to me from the College, which include requests for clarification of my concerns or complaint, will also be released to the registrant to ensure that she/he adequately understands my concerns or complaint.
2. I authorize the registrant to release to the CPBC any information relating to services provided, including any documentation in her/his practice records relating to these services. I understand that such information will be used in the investigation of my complaint and will be provided to the Inquiry Committee for its consideration of this matter.

Signature of Complainant:
Date:
Witness to complainant's signature:
Date:

All complaints must be made in writing and delivered to the Registrar. Please return the original signed version of this form, the attached sheet detailing the complaint and original versions, if possible, of any supporting documents to:

**The Registrar
College of Psychologists of British Columbia
Suite 404 - 1755 West Broadway
Vancouver, B.C. V6J 4S5**

Please retain copies of all documents for your records.