

COMPLAINT FORM

The College of Counselling Therapy of Prince Edward Island requests the completion of this form when filing a complaint.

By completing this Complaint Form you:

- 1. Acknowledge that you are lodging a written formal complaint and understand that the College will investigate all written formal complaints; and
- 2. Give permission to the College to access the session notes kept by your counselling therapists related to the incident being reported (any session notes accessed will be treated with confidentiality and will not be shared beyond the investigation committee without the express consent of the complainant); and
- 3. Give permission to the College to discuss and/or release part or all of the Complaint Form and all supporting documentation with any person(s) named in the complaint, or any person(s) deemed necessary in the investigation of the complaint; and
- 4. Certify that the details and information provided are true, accurate and complete to the best of your knowledge.

If you have any questions concerning the above or require assistance, please contact the PEI College of Counselling Therapy.

Complainant In	nformation				
PERSON FILING COMPLAINT					
Name	GIVEN NAME(S), INITIAL(S)		LAST NAME		
Address	STREET NUMBER - STREET NAME - APT. /UNIT NUME	BER	CITY / COMMUNITY	PROVINCE POSTAL CODE	
Phone			Email		
If you are not the patient or the person directly involved in the incident, please describe your relationship to that individual (parent, spouse, child, relative, health professional, lawyer or friend):					
	Relationship to Client				
Please be advised that if you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access personal information relating to the complaint.					
CLIENT (IF DIFFERENT FROM	M ABOVE)				
Name	GIVEN NAME(S), INITIAL(S)		LAST NAME		
Date of Birth D ₁ D	$M_1M[Y,Y,Y,Y]$				
Phone		Email			
Address					
	STREET NUMBER - STREET NAME - APT. /UNIT NUME	BER	CITY / COMMUNITY	PROVINCE POSTAL CODE	

College of Counselling Therapy Prince Edward Island - COMPLAINT FORM (CONTINUED)

Counselling Therapist's Information					
Therapist's Name GIVEN NAME(S), INITIAL(S) LAST NAME Place of Work					
Complaint Details					
NATURE OF THE COMPLAINT					
☐ Communication issues ☐ Unprofessional behaviour ☐ Privacy/confidentiality ☐ Other ☐					
OTHER COMPLAINT DETAILS					
When did the incident occur?					
If applicable, have you tried to discuss this complaint with the Counselling Therapist? What do you hope to accomplish by submitting this complaint? (e.g., apology from the Counselling Therapist, assistance with resolution, etc.)					
Complaint Narrative PLEASE USE YOUR OWN WORDS TO DESCRIBE THE COMPLAINT					
Signature of Complainant: Date: D_DM_M Y_Y_Y_Y					