|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | **Identification** | | | | | | | | | | | | | | | | | | |
| **1.** | **Complainant** | | | | | | | | | | | | | | | | | | |
| 1.1 | Surname: | |  | | | | | | First Name: | | | | | |  | | | | |
| 1.2 | Address: | |  | | | | | | City: | | |  | | | | | | | |
|  | Province: | |  | | | | | | Postal Code: | | | | | | |  | | | |
| 1.3 | Telephone(s): | | | | Home: | (   )    - | | | | | | | Mobile: | | | | | (   )    - | |
|  |  | | | | Work: | (   )    - | | | | | | |  | | | | |  | |
| 1.4 | Email address: | | | @ | | | | | | | or | | | @ | | | | | |
| **2.** | **Authorized Representative of the Complainant** (e.g. counsel, coach, parent, etc.) | | | | | | | | | | | | | | | | | | |
| 2.1 | Surname: | |  | | | | | | First Name: | | | | | |  | | | | |
| 2.2 | Address: |  | | | | | | | City: | | |  | | | | | | | |
|  | Province: | |  | | | | | | Postal Code: | | | | | | |  | | | |
| 2.3 | Telephone(s): | | | | Home: | | (   )    - | | | | | | Mobile: | | | | | | (   )    - |
|  |  | | | | Work: | | (   )    - | | | | | |  | | | | | |  |
| 2.4 | Email address: | | | @ | | | | | | | or | | | @ | | | | | |
| **3.** | **Case from Which the Complaint Originates** (if available) | | | | | | | | | | | | | | | | | | |
| 3.1 | Number: | *SDRCC* | | | | | | | | | | | | | | | | | |
| 3.2 | Date of termination of the procedures\*: | | | | | | | /       / | | | | | | | | | | | |
|  |  | | | | | | | Day / Month / Year | | | | | | | | | | | |
|  | \* Please provide as attachment a copy of the written confirmation of the termination of the procedures (final decision, settlement agreement or declaration). If this complaint is filed more than 45 days following the termination of the procedures, please provide in appendix any proof or argument to justify the extension of the time limit. | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | |  | | |  | | | | | |
| **B.** | **Nature of the Complaint** | | | | | | | | | | | | | | | | | | |
| **4.** | **Service Provider against whom you are filing the complaint** | | | | | | | | | | | | | | | | | | | |
|  | Surname: | |  | | | | | | | First Name: | | | | | | |  | | | |

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| **5.** | **Please specify which principle(s) of conduct, as outlined in the Code of Conduct, is(are) alleged to have been breached by the Service Provider:** | | | |
|  | Regulatory Compliance | | Quality, Consistency, and Integrity | |
|  | Independence and Impartiality | | Professionalism and Competence | |
|  | Accessibility, Fairness, and Courtesy | | Confidentiality | |
| **6.** | **Please provide a detailed explanation of the behaviour of the Service Provider that in your opinion constitutes a breach of the Code of Conduct, as applicable, and specify to which provision(s) of the Code of Conduct they relate.** | | | |
|  | (Code of Conduct provision number:      ) | | | |
|  |  | | | |
| **C.** | **Exhibits or Other Evidence** | | | |
| **7.** | **Please list below all the exhibits or other evidence, if applicable, which are attached to this form in support of your Complaint, so that your allegations can be fully and properly investigated.** | | | |
|  |  | | | |
|  |  | | | |
| **D.** | **Declaration and Signature** | | | |
| I, the undersigned, file this complaint pursuant to the *SDRCC Professional Conduct Policy*, which I have read and understood; | | | | |
| I, the undersigned, declare that the dispute resolution process identified in section 3 above has ended and that its outcome is not subject to an appeal or an application for judicial review by any party; | | | | |
| I, the undersigned, agree and undertake in writing not to use any of the information obtained during the course of this complaint process for any purpose other than the SDRCC Professional Conduct Policy, including any civil action against the Service Provider or against the SDRCC, or any application for judicial review. | | | | |
| Name: | |  | Date: | /       / |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  | Day / Month / Year |