RCASLPNB
Regulatory College of Audiologists & Speech-Language Pathologists of New Brunswick

OAONB
Ordre des audiologistes & orthophonistes du Nouveau-Brunswick

Complaints Form

Complainant Information

Name

Preferred Salutation: Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other ☐

Mailing Address:

Personal Phone

Work Phone

May we contact you at work? Yes ☐ No ☐

Clinician (former clinician) Information

Name

Type: Audiologist ◯ Speech - Language Pathologist ◯

Business Address:

What is your relationship to the clinician (or former clinician)? Examples include, but are not limited to, client, family member of client, colleague, employer, and employee.

Have you or a family member received services from the clinician (or former clinician)?
Yes ☐ No ☐

Do you or your family member currently receive services from the clinician (or former clinician)?
Yes ☐ No ☐

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Please describe the events that have lead you to file a complaint. As much as possible, please include facts such as dates, times, locations, and names of all involved or who have witnessed an event. If you require more space please write on a separate page and attach to the rest of the complaint.

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If you have documentation to share in relation to your complaint please scan them and email them to the registrar (registrar@rcaslpnb.ca) with your name in the title.

Please list any documents you are submitting:

What do you hope will happen as a result of your complaint?

Declarations

I understand that under RCASLPNB Bylaw No. 11 the clinician, or former clinician, will be sent a copy of the complaint and related documentation.

☐

I understand that under RCASLPNB Bylaw No. 11 there may be an investigator and that the investigator may request additional written or oral explanation from the complainant, the respondent, or third party.

☐

Sign your name:

All complaints must be signed either digitally or with a physical signature. Please save the form once completed, and send to RCASLPNB. Email: registrar@rcaslpnb.ca, fax: 1-866-455-9642, or PO Box 23113, Moncton, NB E1A 6S8.

Date