



### Allied Health Professional's Information

Professional'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 involved technologist/therapist?       Yes       No

What do you hope to accomplish by submitting this complaint? (e.g., apology from the technologist/therapist, assistance with resolution, etc.)

### Complaint Narrative PLEASE USE YOUR OWN WORDS TO DESCRIBE THE COMPLAINT

Signature of Complainant:

Date: