



Prince Edward Island College of Occupational Therapists

PO Box 2248, Stn Central, Charlottetown, PE C1A 8B9

COMPLAINT FORM

✍ **Instructions**

- Please print clearly and answer as much of this form as you can
- Please be factual - provide a description of what has taken place. Include relevant details as to time, place, etc. Use point form, if you like.
- Please provide copies of any relevant materials which support your complaint.

✉ Send the form to:

- Registrar
PEICOT
PO Box 2248, Stn Central,
Charlottetown, PE C1A 8B9

1. Information about you	
Your Name	
Address (please include postal code)	
Telephone	Home: _____ Work: _____
Fax	
E-Mail	
Can we contact you at work:	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Information about the Member you are complaining about.	
Member's Name	
3. Information about your Complaint	
(a) Have you tried to discuss this complaint with the Occupational Therapist:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) What efforts have you	

(d) What do you hope to accomplish by submitting this complaint? (e.g., apology from Member, assistance with resolution, etc.)
(e) What evidence/documents are you attaching to support your complaint(s)? Please list:

Please note that the Prince Edward Island College of Occupational Therapists may decide that it is appropriate to try and resolve this matter informally, based on the information provided (e.g. mediation, request for employer action, etc.).

You should also be aware that a copy of this form (and any attachments) may be sent to the Occupational Therapist about whom you are complaining.

Date

Signature