CPCA Complaint Form

The purpose of this form is for anyone to submit a report of a complaint against a Member of the CPCA. The CPCA takes complaints very seriously and has a clear process which can be found on the CPCA website at: https://www.cpca-rpc.ca/disciplinary-procedures~.aspx The complaint must be based upon a violation of the **CPCA Standards of Practice** or the **CPCA Code of Ethics**.

Please print this document and fill in the information needed. Add supplementary documentation and send to the CPCA Head Office by one of 2 ways:

1. **Mail to CPCA:** Box 23144, Medicine Hat, AB T1B 4C7
2. **Scan and Email to CPCA: complaints@thecpca.ca**

You will receive email verification that your complaint has been received.

Please: (1) fill in all parts of form, (2) print complete form, (3) sign on page 2 and 5, and (4) Send to CPCA.

Complainant Contact Information:

Today's Date:	
Full Name:	
Full Address:	
Email Address:	
Phone Contact:	

CPCA Member Receiving the Complaint:

Full Name:	
Designation(s):	☐ **RPC Provisional** ☐ **RPC** ☐ **MPCC Provisional** ☐ **MPCC** ☐ **RQS**
Member Number:	**(If known)**

Date of Incident:	

Please provide month and year of incident(s). Please note that incidents prior to November 2021 require reference to the CPCA prior Code of Ethics. Please request it if this pertains to your situation.

Brief Summary of Complaint:

CONSENT TO INVESTIGATE A COMPLAINT

I, _____, consent to allow the Canadian Professional Counsellors
(Print your full name)

Association Complaint and Discipline Committees to investigate and arrive at a disciplinary decision regarding

the complaint I have brought forward against a member of the CPCA, _____.
(Print name of CPCA Member)

I understand a copy of my complaint will be forwarded to the CPCA member under investigation along with copies of any supporting documentation or evidence I provide, ☐ Initial to confirm

and;

I understand the investigation may include participation from the CPCA National Board of Directors and/or the CPCA Attorney, ☐ Initial to Confirm

and;

I understand the investigation may include further correspondence and /or a telephone interview with me, ☐ Initial to Confirm

and;

That once the investigation has concluded and the decision has been rendered, I will be notified of my complaint outcome and the decision of the Complaint and/or Discipline Committees. I have made my decision freely without undue influence. ☐ Initial to Confirm

This consent will expire on: _____ or upon fulfillment of the above-mentioned purposes.

Signatures:

_____	_____	_____
Complainant Printed Name	Complainant Signature	Date
_____	_____	_____
Witness Printed Name	Witness Signature	Date

Stated Concerns of Complaint:

1.

2.

3.

Alleged Violations:

Please review the **CPCA Code of Ethics** (click on link) and the **CPCA Standards of Practice.** You will see that each code or standard has a specific number beside it. Please use this number to reference to it below. If the incident(s) took place prior to November 2021, please request the older code of ethics to refer to.

	Code of Ethics	Standard of Practice	Code/Standard Number	Violation Description:
1.	☐	☐		
2.	☐	☐		
3.	☐	☐		
4.	☐	☐		
5.	☐	☐		
6.	☐	☐		
7.	☐	☐		

NOTE: When providing additional information and documentation, please refer to these same numbers.

Written Narrative Describing Violation(s):

Please attach a written narrative to this form stating why you believe a violation has occurred, and be sure to include all documents and materials you believe to be important to the investigation of your complaint. Please be as specific as possible by providing dates, places, times, etc. It is also important to identify any witness(es) who may have first-hand knowledge of the event(s) you have described. If possible, witness should be identified by name.

NOTE: All documents and materials gathered by or submitted to the Complaints and Disciplinary Committees during the course of an investigation are confidential and will not be returned once the complaint is resolved. Thus, complainants are encouraged to keep original documents and submit only copies.

Desired Outcomes of this Investigation:

1.

2.

3.

4.

Canadian Professional Counsellors Association

IMPORTANT NOTE: If the Complainant or the Member are engaged in any court process or Provincial Regulatory process which is in any way connected to the complaint, the Complaints Committee and Disciple Committee may suspend or pause the complaint process until the court process is concluded. I initial that I am aware of this policy. ☐

Initials Needed

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

This Release of Confidentiality is needed for the complaint process. Without this consent, the complaint and discipline committees are not able to speak with the member about the nature of the complaint.

I, _____, consent and authorize the CPCA Counsellor,
(Please print your full name)

_____, CPCA Member # _____ to speak to, and exchange written
(Please print the CPCA Member's Name)

information with, the following Individuals, professionals, &/or agencies listed below:

1. CPCA Complaints Committee
2. CPCA Discipline Committee

regarding counselling sessions, assessment, treatment planning, and relevant clinical information deemed necessary to respond to the complaint that I have submitted to the CPCA dated: _____.

I understand this consent is valid until the end of the complaint and discipline process. I certify that I have clarified anything I do not understand about this authorization for consent and that this form is fully understood by me.

Signatures:

_____	_____	_____
Complainant Printed Name	Complainant Signature	Date

_____	_____	_____
Witness Printed Name	Witness Signature	Date

OFFICE USE ONLY

Date received _____

Reviewed by _____ Title _____

Sent to Complaints Committee Date: _____