

## PAM APPEAL FORM

<b>A. Person Registering Appeal</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Phone:</b>	<b>Home:                      Work:</b>
	<b>Please circle which telephone number you prefer PAM to use in contacting you about your appeal.</b>
<p>If you are not the client of the psychologist or psychological associate, please describe your relationship to the client.</p>	

<b>B. Client Information</b>	
<b>Client's Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Phone:</b>	<b>Home:                      Work:</b>
<p>Please note: If you are making an appeal on behalf of, or regarding a client, PAM will request consent from the client, or the client's legal representative, to release confidential information.</p>	

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<b>C. Psychologist/Psychological Associate About Whose Complaint Decision You Are Appealing</b>	
<b>Member's Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Phone:</b>	

<b>D. Details of Appeal</b>
<p>On a separate sheet, please provide a <b>brief</b> outline of your concerns, including the following:</p> <ol style="list-style-type: none"> <li>1. Please indicate in what way you believe the <b>process</b>, used by the Complaint's Committee in handling your original complaint, was flawed.</li> <li>2. Please indicate in what way you believe the decision made by the Complaint's Committee was <b>unreasonable</b>.</li> <li>3. If necessary, please provide any new information or documentation you believe is relevant to your appeal and that was not available to the Complaints Committee in its initial consideration of your complaint. Please indicate how each document you may be including, is related to your appeal. <b>Please be as specific as possible.</b></li> </ol>

<b>E. Signature</b>	
<b>Signature</b>	<b>Date</b>

**Correspondence regarding Appeals must be conducted by regular mail.**

If you would like to talk to someone about the complaints or appeal process, please contact The Registrar at PAM.

**Phone:**

(204) 487-0784

**Mail:**

The Registrar  
The Psychological Association of Manitoba  
208-584 Pembina Hwy.  
Winnipeg, MB R3M 3X7

**E-Mail (for questions about the complaints or appeal process):**

pam@mts.net