



# Psychological Association of Manitoba Appeal by Complaint Form

Before submitting an appeal, please review the [Appeal Process](#)

## Instructions:

- To file a formal appeal, complete sections 1-5
- A signature must be included on page 2
- No staples if submitting my mail
- Return by Regular Mail or Email to [registrar@cpmb.ca](mailto:registrar@cpmb.ca)

**Couriers/Registered Mail are not accepted.**

The Registrar  
Psychological Association of Manitoba  
1661 Portage Ave., Suite 307  
Winnipeg, MB R3J 3T7

For office use only

## 1. Person Registering the Appeal

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are not the client of the psychologist or psychological associate, describe your relationship to the client:

## 2. Client Information

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

## 3. Psychologist/Psychological Associate Whose Complaint Decision You are Appealing

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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## 4. Details of Appeal

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In the space below, or separately if submitting by mail, please provide a brief outline of your concerns, including:

1. How you believe the process, used by the Complaint's Committee in handling your original complaint, was flawed.
2. How you believe the decision made by the Complaint's Committee was unreasonable.
3. Any new information or documentation you believe is relevant to your appeal that was not available to the Complaints Committee in its initial consideration of your complaint. Indicate how each document you may be including is related to your appeal.

Please be as specific as possible.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_