



THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA

L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

208-584 Pembina Hwy, Winnipeg, Manitoba R3M 3X7 Phone: (204)  
487-0784 Fax: (204) 489-8688 e-mail: pam@mts.net

www.cpmb.ca

## COMPLAINT REPORTING FORM

As the regulator of the practice of psychology in Manitoba, the Psychological Association of Manitoba (PAM) takes all complaints seriously and thus the PAM Complaints Committee reviews all complaints thoroughly. In assessing complaints, the Complaints Committee is guided by the PAM Code of Conduct and the Canadian Psychological Association Code of Ethics for Psychology. Please recognize that PAM is only authorized to examine complaints against PAM members. It does not currently have regulatory authority regarding individuals who are legally authorized to use the title "Psychologist" in certain exempt practice settings such as schools, government, hospitals, and universities but who are not PAM members. Also, PAM does not have regulatory authority over individuals who are regulated by other professional regulatory bodies (e.g., Psychiatrists, who are regulated by the College of Physicians and Surgeons of Manitoba).

It is also important to recognize that PAM is not able to financially compensate individuals secondary to the improper actions of a PAM member. Nor is PAM authorized to force a PAM member to change a professional report or opinion.

The time required to review your complaint will vary depending on a number of factors. Many will be completed within 5 months. A complex complaint that requires an investigator may take 18 months or more.

Before lodging a formal complaint, it may be useful to first discuss the issues with the psychologist in question. In some circumstances, psychologists may be unaware of the concerns and may wish to try and resolve them directly.

One of the primary goals of the complaints process is to achieve an appropriate balance between the safety and interests of the public, and the rights, roles and responsibilities of psychologists. Whenever possible, complaints are addressed through education and remedial strategies to correct and improve the psychologist's practice, while also respecting your need for a resolution to your concerns.

Please note that the Committee members and investigators are all volunteers and that the Complaints Committee cannot award financial compensation.

To file a formal complaint, please complete this form and mail it to the Registrar of PAM at the address listed above. All complaints must be signed by the complainant.

For more information on the review process, please refer to the *Complaint Process* pamphlet available on the PAM website at [www.cpmb.ca](http://www.cpmb.ca).

The Psychological Association of Manitoba is legally-constituted by *The Psychologists Registration Act (1966)* as the regulatory body for all branches of psychology in the Province. Only persons holding valid Certificates of Registration as Psychologists or Psychological Associates with PAM are "Certified" or "Registered" as "Psychologists" or "Psychological Associates" in Manitoba.

**1. Person making the Complaint:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Person filing the complaint (if different from person making the complaint):**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Psychologist/Psychological Associate About Whom You Are Complaining:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Details of Complaint**

Please attach a brief outline of your concerns, including the following:

- Dates of service
- Location of service
- Purpose of the service
- The reason you are concerned about the psychologist's care, behaviour, etc.
- A description of any efforts you have already made to resolve the matter.

*Please restrict your description for this section to a maximum of 6 pages and ensure that you sign and number each page.*

If you have supporting documentation that you wish to include, please provide an explanation of how each document relates to your concerns.

**5. Please list in point form, the questions/concerns you wish the psychologist to address in his/her response to your complaint.**


**6. What is your expectation/goal from the review of this complaint?**


I hereby authorize the Psychological Association of Manitoba to release all necessary information related to the complaint to the psychologist or psychological associate against whom the complaint has been made.

I hereby authorize the psychologist or psychological associate about whom the complaint has been made to release all necessary information pertaining to the complaint to the Psychological Association of Manitoba.

\_\_\_\_\_  
*Signature of person making complaint*

\_\_\_\_\_  
*Date*