



COMPLAINT REPORTING FORM

As the regulator of the practice of psychology in Manitoba, the Psychological Association of Manitoba (PAM) takes complaints seriously. In their assessment of complaints, the Committee is guided by the PAM *Code of Conduct* and the Canadian Psychological Association *Code of Ethics for Psychology*.

For more information on the review process, please refer to the *Complaint Process Summary* available [here](#)

Before you Submit a Complaint:

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

Complaints Against Non-Psychologists:

The PAM is only authorized to review complaints against its own members and does not have regulatory authority over individuals who are members of other professional regulatory bodies, such as, psychiatrists, who are regulated by the College of Physicians and Surgeons of Manitoba or counsellors or therapists who may be members of the Canadian Counselling and Psychotherapy Association.

Exempt Psychologists: The PAM does not have the authority to examine complaints regarding individuals who are legally authorized to use the title “Psychologist” in certain exempt practice settings such as: schools, government, hospitals and universities and who are not members.

Financial Compensation: The PAM does not provide financial compensation to complainants.

Changes to Reports: The PAM is not authorized to force their members to change a professional report or opinion.

Time frame: The time required to review a complaint will vary depending on a number of factors. Some may be completed within five months. Complex complaints that require an investigator may take eighteen months or longer

Instructions for Submitting a Complaint:

1. To file a formal complaint, please complete pages 2 and 3 of this form and submit it by **REGULAR MAIL ONLY. Couriers/Registered Mail are not accepted.**
2. A **signature must** be included on page 3.
3. **NO STAPLES** PLEASE

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

1. Person making the Complaint:

Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone: _____

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

Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone: _____

3. Psychologist/Psychological Associate whom you are complaining about:

Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone: _____

4. Details of Complaint: Please limit your description to a maximum of 6 pages.

Please attach a brief outline of your concerns and include information on the following:

- Date(s) 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 made to resolve the matter

If you submit attachments, please provide a specific explanation of how the materials relate to the issues you are raising in the complaint.

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

- _____
- _____
- _____
- _____
- _____
- _____

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

- _____
- _____
- _____
- _____
- _____
- _____

AUTHORIZATION – PLEASE READ CAREFULLY

1. I give the Psychological Association of Manitoba (PAM) permission to disclose my concern(s) to the member named in this complaint. I also give the PAM permission to release a copy of my complaint and any supporting documents submitted with my complaint to the member named in this complaint, in order for the Association to obtain their response. I understand that any letters to me from the Association, which include requests for clarification of my concerns or complaint, will also be released to the member to ensure that they adequately understand my concerns or complaint.
2. I authorize the member to release to the PAM any information relating to services provided, including any documentation in their practice records relating to these services. I understand that such information will be used in the investigation of my complaint and may be provided to the Inquiry Committee for its consideration of this matter.
3. I authorize the Association to communicate with me via e-mail at the e-mail address provided.
4. Signature of Person Making the Complaint: _____ Date: _____