



The Nova Scotia Board of Examiners in Psychology

Suite 455, 5991 Spring Garden Road
Halifax, NS B3H 1Y6
Telephone: 902-423-2238, Fax: 902-423-0058
www.nsbep.org

COMPLAINT FORM

- Complainants may wish to speak with the Registrar before lodging a formal complaint.
- To initiate a complaint against a Psychologist or candidate register, please complete this form and mail it to the NSEBP along with a brief outline of your concerns/complaint (see section D).

A. Person Registering Complaint		
Name:		
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
If Complainant is not the client of the Psychologist please describe the relationship to the client and to the Psychologist:		

B. Client Information		
Client's Name:		
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
Please note: If you are making a complaint on behalf of or regarding a client, NSBEP will request consent from the client or the client's legal representative to release confidential information.		



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Psychologist's Name:		
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:

Signature of Complainant _____ Date _____

Details of Complaint
On a separate sheet, please provide a brief outline of your concerns, including the following: <ul style="list-style-type: none">• Dates of service.• Location of service.• The reason(s) for your complaint.• A description of efforts, if any, you have made to resolve this matter.• Supporting documentation, if any.

Correspondence regarding Investigations must be conducted by regular mail.

If you would like to talk to someone about the complaints process, please contact the Registrar.

Mail:

The Registrar (**PLEASE MARK YOUR ENVELOPE: *Complaint Issue***)

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COMPLAINANT'S AUTHORIZATION

(To Obtain Information Regarding Treatment)

I authorize, _____,
Psychologist Name

to release to the Nova Scotia Board of Examiners in Psychology (NSBEP) any information related to services provided, including any documentation included in his/her clinical files relating to these services. I understand that such information will be used in the investigation of my complaint and will be provided to the Investigation Committee for its consideration in this matter.

Signature of Complainant

Name *(Please Print)*

Witness *(to Signature)*

Date



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COMPLAINANT'S AUTHORIZATION

(To Release Information Regarding the Complaint)

I authorize the Nova Scotia Board of Examiners in Psychology (NSBEP) to contact,

Psychologist or Candidate

with respect to the complaint I have filed against the Psychologist or candidate. I further authorize NSBEP to release a copy of my complaint form and/or letter of complaint and all other relevant documentation concerning my complaint to him or her. I understand this is part of the investigation process and allows the Psychologist or candidate to respond to the complaint.

Signature of Complainant

Name *(Please Print)*

Witness *(to Signature)*

Date