

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 Reg	istering Complaint	
Name:		
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
If Complainant is client and to the		hologist please describe the relationship to the
B. Client Inform Client's Name:	nation	
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
		ehalf of or regarding a client, NSBEP will request consent to release confidential information.



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Psychologist's Name:	i	
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
complaint form a in the complaint. NSBEP has the a information obtain NSBEP will disc process to the approximation of the second	where the complaint results in the complaint results and the complaint results are the complaint results and the complaint results are the complaint results and the complete results are the complete results and the complete results are the comple	, all information you submit, including the provide, will be given to the psychologist named elates to the provision of psychological services, t records. These client records and other ded to the psychologist named in the complaint. Ided or obtained in the course of the complaints investigators, legal counsel, and committee his matter. Where NSBEP determines it is
At a later stage in information you where required b	n the complaints proces have been provided or t y law or under the Psyc	s, if the matter is referred to a hearing, the that NSBEP has obtained may become public chologists Act. Where appropriate, NSBEP will closure of a complainant's identity.
I have read and u form	nderstand the Confider	ntiality and Disclosure section of the complaint
Signature of Con	nplainant	Date



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Details of Complaint

On a separate sheet, please provide a brief outline of your concerns, including the following:

- 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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