



# Saskatchewan College of Psychologists

1026 Winnipeg Street  
Regina SK S4R 8P8

Tel: (306) 352-1699  
Fax: (306) 352-1697  
Email: [skcp@sasktel.net](mailto:skcp@sasktel.net)  
[www.skcp.ca](http://www.skcp.ca)

File No: \_\_\_\_\_  
Rec'd: \_\_\_\_\_

## COMPLAINT REPORTING FORM

As the licensing and governing body for psychologists in the Province of Saskatchewan, the College takes your complaint seriously. All formal complaints received are reviewed by the Professional Conduct Committee (PCC) of the College. We ask that complaints are sent in writing and that they be signed. Review of a complaint may take several months; an investigation will not be rushed because of a court proceeding and in some cases may be suspended until court proceedings are complete.

### The Complaints Process:

To begin the formal review process of your complaint, please:

- Complete this form and the Release of Information and Commitment to Testify form.
- Forward the completed forms to the College.

Upon receipt of the completed forms, the PCC on behalf of the College will:

- Provide the psychologist(s) complained about with a copy of the written complaint.
- Review complaint.
- Possibly contact those individuals/institutions who may have information relevant to the complaint.
- Review all information.

Following the review, the PCC will:

- Inform the complainant and the psychologist(s) in writing of the results of the reviews.

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### 1. Complainant Information (if not client, attach consent form from client)

**Relationship to client:** \_\_\_\_\_

Ms. / Mrs. / Mr. (circle one)

Last Name \_\_\_\_\_

Town/City \_\_\_\_\_

Given Name \_\_\_\_\_

Prov, Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (work) \_\_\_\_\_

### 2. Client Information:

Ms. / Mrs. / Mr. (circle one)

Last Name \_\_\_\_\_

Town/City \_\_\_\_\_

Given Name \_\_\_\_\_

Prov, Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

\_\_\_\_\_

Telephone (work) \_\_\_\_\_





**7. What is your expectation from the review of this complaint?**

Please note that the College CANNOT AWARD FINANCIAL COMPENSATION in connection to this complaint.


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

\_\_\_\_\_  
Date

Send completed form to:

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## PROFESSIONAL CONDUCT COMMITTEE

### RELEASE OF INFORMATION AND COMMITMENT TO TESTIFY FORM

Psychologist(s) Name: \_\_\_\_\_

I, \_\_\_\_\_, (the COMPLAINANT) do hereby:

- a) Authorize the Saskatchewan College of Psychologists (SCP) to release copies of any and all information pertaining to my complaint to the SCP member psychologist (RESPONDENT) named in my complaint in order for the RESPONDENT to respond to my complaint in writing to the Professional Conduct Committee;
- b) Authorize the RESPONDENT to release copies to SCP of all necessary information pertaining to my complaint;

AND

- (c) Agree to provide information about the RESPONDENT to the SCP and to give evidence and appear at a disciplinary hearing if called upon to do so by the SCP as a result of my complaint against the RESPONDENT.

I waive all claims against the Saskatchewan College of Psychologists, its employers, directors, officers, and agents arising from such disclosure.

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Signed Witness)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)