



**RCASLPNB**

Regulatory College of  
Audiologists & Speech-  
Language Pathologists of  
New Brunswick

**OAONB**

Ordre des  
audiologistes &  
orthophonistes du  
Nouveau-Brunswick

# Complaints Form

## Complainant Information

**Name**

**Preferred Salutation:**    **Mr.**    **Ms.**    **Mrs.**    **Dr.**    **Other**

**Mailing Address:**

**Personal Phone**

**Work Phone**

**May we contact you at work?**    **Yes**    **No**

## Clinician (former clinician) Information

**Name**

**Type:**    **Audiologist**    **Speech - Language Pathologist**

**Business Address:**

**What is your relationship to the clinician (or former clinician)? Examples include, but are not limited to, client, family member of client, colleague, employer, and employee.**

**Have you or a family member received services from the clinician (or former clinician)?**

**Yes**    **No**

**Do you or your family member currently receive services from the clinician (or former clinician)?**

**Yes**    **No**



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**Please describe the events that have lead you to file a complaint. As much as possible, please include facts such as dates, times, locations, and names of all involved or who have witnessed an event. If you require more space please write on a separate page and attach to the rest of the complaint.**



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**If you have documentation to share in relation to your complaint please scan them and email them to the registrar (registrar@rcaslpnb.ca) with your name in the title.**

**Please list any documents you are submitting:**

**What do you hope will happen as a result of your complaint?**

**Sign your name:**

**All complaints must be signed either digitally or with a physical signature. Please save the form once completed, and send to RCASLPNB. Email: registrar@rcaslpnb.ca, fax: 1-866-455-9642, or PO Box 23113, Moncton, NB E1A 6S8.**

**Date**