act Autism Community Training

ACT - Autism Community Training
240 - 2250 Boundary Road
Burnaby, BC V5M 3Z3
Tel: 604.205.5467 / Fax: 604.205.5345 / 1.866.939.5188
www.actcommunity.net / info@autismcommunitytraining.bc.ca

Complaint Form Registry of Autism Service Providers (RASP)

Please read Registry of Autism Service Providers Complaint Resolution Process before completing this form.

Your Name:

Name & Birth Date of Child Receiving Services:

Your Relationship to Child Receiving Services:

Your Address:

Phone: Fax:

Email:

Child's Address if different:

Complaint is Filed Against:

Name of Service Provider:

Address of Service Provider:

Phone: Email:

Service Provider is a

- ☐ Behaviour Consultant
- ☐ Speech Language Pathologist

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COMPLAINT DETAILS:

DATES TREATMENT/SERVICE BEGAN:

DATES TREATMENT/SERVICE ENDED:

Have you attached a copy of the contract signed for this service? YES NO
If no, why?

Please attach a copy of any written information you have received that specifically describes the nature of the service your service provider indicated they would provide. *This may include, for example, a written agreement, brochure that describes services, behaviour plan where specific services to be provided are listed, etc.*

COPIES ATTACHED: YES NO

Please provide a brief, factual description of the problem you experienced (you may attach additional pages if needed)
ADDITIONAL PAGES ATTACHED: YES NO

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Continued...

Are there others, apart from the service provider, that you suggest we contact in our investigation?

NAME: ____________________

ADDRESS: ____________________

____

____

PHONE: ____________________

PERMISSION TO CONTACT:

YES

NO

Please indicate what you would like from this service provider in order to resolve this complaint:

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Consent for Release of Information

I hereby give ACT - Autism Community Training permission to inform the service provider named above of this complaint and to provide them a copy of this complaint for comment.

I hereby give the service provider named in the above complaint permission to provide to ACT-Autism Community Training any records or information relevant to my complaint.

I give permission to others who have relevant information regarding this complaint to inform ACT of their knowledge and records relevant to this complaint.

I give Deborah Pugh, Interim Executive Director, ACT - Autism Community Training permission to provide the Ministry of Children and Family Development with a copy of this complaint and the information provided by the above named service provider and others that is related to this complaint.

Signature of Parent or Guardian:

____

Date:

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