

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:

CHILD'S ADDRESS IF DIFFERENT:

PHONE:

FAX:

EMAIL:

COMPLAINT IS FILED AGAINST:

NAME OF SERVICE PROVIDER:

ADDRESS OF SERVICE PROVIDER:

PHONE:

EMAIL:

SERVICE PROVIDER IS A

BEHAVIOR CONSULTANT

AGENCY



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 Louise Broadley, Manager, Autism Information Services, 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 related to this complaint.

Date: _____

SIGNATURE OF PARENT OR GUARDIAN: _____