

5707 St Peters Rd., PO Box 63, St Peters, PE C0A 2A0

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Website: [www.atlanticplanners.org](http://www.atlanticplanners.org)

## **Professional Practice Review Committee**

# **COMPLAINT FORM AND GUIDE**

*(Note: In this form, a “Complainant” is an individual who initiates a complaint against a Member of one of the following:*

*New Brunswick Association of Planners*

*Prince Edward Island Institute of Professional Planners*

*Newfoundland and Labrador Association of Professional Planners*

*and the “involved Member” is a Member named in the Complaint Form.)*

*This form is intended to assist you in explaining your complaint. The recipients of this form do not necessarily endorse or accept any information you provide in this form.*



## Guide to Completing and Filing a Complaint Form

This form is to be used to initiate a complaint regarding the professional conduct of a Member of the Atlantic Planners Institute (API) or one of the Provincial Associations:

- New Brunswick Association of Planners (NBAP)
- Newfoundland and Labrador Association of Professional Planners (NLAPP)
- Prince Edward Island Institute of Professional Planners (PEIIPP)

In this Guide and Form, the term “Member” shall be considered to be a member of API and/or one or more of the Provincial Associations.

Complaints can be processed only against Members. Complaints about fees charged by a Member related to a specific contract are not filed with API, unless there is an associated allegation that the Member has breached their respective provincial Professional Code of Practice.

All information gathered as part of the investigation must be documented; therefore your complaint and all supporting information must be in writing.

Note that you cannot initiate a complaint on behalf of another individual or organization.

If you need information on the membership status of the involved Member or have any questions about the complaint process, contact the Executive Director of API by telephone at 902-704-2401 or by e-mail at [executivedirector@atlanticplanners.org](mailto:executivedirector@atlanticplanners.org).

### Confidentiality of your complaint

After a complaint is filed, all or some information relating to the complaint may become publicly available. API and the Provincial Associations cannot guarantee that the information provided, or the information obtained from other parties during the course of the investigation, will always remain confidential. API and the Provincial Associations are obligated to provide a copy of the signed Complaint Form to the involved Member. This may involve providing the involved Member with some or all of the other information obtained during the complaint investigation.

### What you need to do to begin the complaint process

- Complete the Complaint Form for each complaint you are filing. Please complete every section of the Complaint Form. If you do not complete all the sections, the complaint will be considered incomplete and the Discipline Committee will not be in a position to investigate and respond.
- If your complaint involves more than one Member, you must file a separate Complaint Form for each Member against whom you are making a complaint.
- Attach a copy of any documents that relate to your complaint.
- Sign and date the Complaint Form and any additional sheet(s) attached relating to Item 1 of Part E: Complaint Details.

- **Mail** the completed and signed Complaint Form(s) and copies of related documents in strict confidence to:

**CONFIDENTIAL**

API Executive Director  
Atlantic Planners Institute  
5707 St Peters Road, PO Box 63  
St Peters PE C0A 2A0

## What Happens Next?

API will send you a letter acknowledging receipt of your complete complaint within 14 days. A determination will be made as to whether your complaint will be considered by the API Professional Practice Review Committee or by the Disciplinary Committee of the Provincial Authority of the member. Your complaint will then be reviewed by the Committee, which will determine the next step.

As a Complainant, you will be a full participant in the process. If the complaint proceeds to a full hearing, you will be expected to answer the questions of the Hearing Panel on the evidence in support of your complaint. The Hearing Panel may order that you produce relevant documents and you may be subject to examination and cross-examination.

Please refer to the respective legislation and/or by-laws of the Provincial Associations and API in relation to the complaint process.

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## COMPLAINT FORM

### CONFIDENTIAL

Submit to: API Executive Director  
Atlantic Planners Institute  
5707 St Peters Road  
PO Box 63, St Peters Bay, PE  
C0A 2A0

Assigned File Number:

Date Stamp - Complainant Received by API

## PART A: INFORMATION ABOUT YOU (THE "COMPLAINANT")

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
*By providing an e-mail address, you agree to the future e-mail exchange of confidential communications related to the Complaint.*

Telephone Number (Please indicate your preferred contact telephone number by checking the box beside it):

Home: \_\_\_\_\_  Work: \_\_\_\_\_  Cell: \_\_\_\_\_

Fax #: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
Street Address Apt/Suite/Unit# City/Town  
\_\_\_\_\_  
Province Country (if not Canada) Postal Code

*(Normally, all correspondence related to this Complaint will be mailed in strict confidence to the preferred mailing address you choose. If you are willing to accept the exchange of confidential communications related to this Complaint by e-mail, please provide an e-mail address in the space provided above. The method of communication will depend on the nature of the Complaint and will remain at the sole discretion of the Chair.)*

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**PART B: THE API MEMBER YOU ARE COMPLAINING AGAINST (THE “INVOLVED MEMBER”)**

(Please provide as many details as possible about the involved Member)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address Apt/Suite/Unit# City/Town

Province Country (if not Canada) Postal Code

**PART C: RELATIONSHIP OF THE COMPLAINANT AND THE INVOLVED API MEMBER**

What is your relationship with the involved Member?

- No relationship     
  Client     
  Supervisor     
  Employer  
 Other (specify)

Does your complaint involve a matter that is currently, or has been, before a Court or a Tribunal?

- Yes     
  No

If yes, which Court or Tribunal:

What is the status:

\_\_\_\_\_

Briefly describe the work or the project that the involved Member was undertaking:

\_\_\_\_\_

\_\_\_\_\_



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Please list any supporting documents relevant to any investigation (do **NOT** send originals) and attach to this Complaint Form.

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Briefly describe your desired outcome from the Complaint process.

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**PART F: ACKNOWLEDGEMENT, CONSENT, AND SIGNATURE**

I am filing this Complaint for investigation, consideration, and determination by the Professional Practice Review Committee of API or the respective Provincial Associations and not for personal gain or any other purpose. I agree that the involved Member will receive a copy of this Complaint Form and a copy of some or all of the information received from me and/or from other parties in the course of the investigation of this Complaint. I consent to such disclosure.

\_\_\_\_\_  
[Signature of the Complainant]

\_\_\_\_\_  
[Date]