

ALBERTA SOCIETY OF HEALTH AND SAFETY PROFESSIONALS
COMPLAINT SUBMISSION FORM



The ASHSP Complaints Committee is charged with the duty to receive complaints against members of our organization. The Committee is responsible for the adjudication, investigation, and, where necessary, the subsequent discipline of any Member found to be in violation of the ASHSP Code of Ethics and Code of Conduct.

Complainant Information – Person Registering the Complaint

Full Name:

First Name

Last Name

Mailing Address:

City

Province

Postal Code

Telephone Number:

Email Address:

Are you a member of ASHSP? Yes No

Respondent Information – Person the Complaint is About

Full Name:

First Name

Last Name

Company Name:

Mailing Address:

City

Province

Postal Code

Telephone Number:

Email Address:

Additional Information

What is your relationship to the ASHSP member that is the subject of your complaint? (e.g., supervisor, leader, colleague, contractor, employer, client, etc.)



Details of Your Complaint

Tell us about your complaint. Please outline a timeline and history of events, including the date, time and location on which specific events occurred. Indicate which section(s) of the Code of Ethics and/or the Code of Conduct the ASHSP Member has contravened. If you need more space, please attach a separate word document. Please be as specific and factual as possible.

Note: This information will be provided to the Respondent.

Section of the Code of Ethics and/or Code of Conduct the complaint/incident pertains to:

Date and Time of Incident: _____

Description of Incident – please record events / situation in chronological order:

ALBERTA SOCIETY OF HEALTH AND SAFETY PROFESSIONALS
COMPLAINT SUBMISSION FORM



Please list the documents you are including to substantiate your complaint. Do not submit original documents unless requested. If your complaint pertains to the contravention of more than one section of the Code of Ethics and/or Code of Conduct, please clearly label the supporting documentation as to which allegation it supports.

Note: Copies will be provided to the Respondent. Do NOT send originals. If originals are needed, they will be requested later.

Please list the name(s) and contact information of any witnesses or any person who may be able to provide further information about the complaint:

Witness #1: _____
First Name *Last Name*

Telephone Number: _____

Email Address: _____

Witness #2: _____
First Name *Last Name*

Telephone Number: _____

Email Address: _____

Witness #3: _____
First Name *Last Name*

Telephone Number: _____

Email Address: _____

ALBERTA SOCIETY OF HEALTH AND SAFETY PROFESSIONALS
COMPLAINT SUBMISSION FORM



What is the remedy you are seeking for your complaint?

***Please Note:** ASHSP does not have authority to provide financial remedy to the Complainant; therefore, the Discipline Committee cannot award any damages. In addition, the Discipline Committee cannot dictate any action to any employer. At most, ASHSP can terminate the individual's membership.*

Acknowledgement and Signature

I understand the following:

- I understand that ASHSP will share some or all the information and documents it receives from me and other parties with the Respondent.
- I understand that ASHSP may not be able to process my complaint without supporting documents. I have attached copies of documents that relate to my complaint.
- I understand that anonymous complaints will not be received nor reviewed.

Signature of Complainant

Date

Note on Confidentiality: From the time that the ASHSP receives a complaint, the ASHSP and all individuals involved in the Complaint Process are required to consider the matter as confidential. This includes the Committees, the Investigator, Hearing Panel, and any other individual or entity involved in the process.

All members of ASHSP are bound by the Code of Ethics and Code of Conduct. Members, whether they be complainants, respondents to a complaint or third-party witnesses, are bound by the responsibilities with respect to confidentiality.

Submit Your Complaint to:

Alberta Society of Health & Safety Professionals
PO Box 12104

Sylvan Lake, AB T4S 2K9

OR

Email Submissions to: info@ashsp.ca

File #: _____

Date: _____

Received by: _____