



COMPLAINT FORM

To: Registrar of the New Brunswick Association of Occupational Therapists

Mailing Address: NBAOT
P.O. Box 4506
Rothesay, NB E2E 5X2

Regarding: Complaint against a member of the New Brunswick Association of Occupational Therapists (NBAOT)

Member's name

Member's place of employment or work address

Member's work telephone number

Please indicate the relevant concern regarding the NBAOT member:

_____ Professional Misconduct:

Professional Misconduct – may be found if the member

- has been found guilty or pleaded guilty to an offense that is relevant to the member's suitability to practice or carry out professional responsibilities
- has seriously digressed from recognized professional standards or rules of practice of the profession
- has sexually abused a client or has failed to report suspected sexual abuse of a patient or client by another health professional

_____ Incompetence:

Incompetence – may be found if the member has displayed a lack of knowledge, skill or judgment, or disregard for the welfare of a client or the welfare of the institution served or the welfare of the public to an extent that demonstrated that the member is unfit to continue to practice occupational therapy or carry out professional responsibilities or to practice occupational therapy without restrictions.

_____ Incapacitated:

Incapacitated – a member suffering from a physical or mental condition or disorder of a nature and extent making it desirable for the public or of the member that this member no longer be permitted to practice occupational therapy or engage in professional activities or that the member's practice or professional activities be restricted.

Please state summarily the nature, time and place of the conduct or actions concerning the member about whom the complaint is made:

Dated at _____ this _____ day of _____, _____
place day month year

Signed: _____
Complainant's signature

Please print name legibly

Confidential information for the Registrar and Chair of the Statutory Committee(s) to be able to contact the Complainant and send correspondence using registered mail.

Name of Complainant:

Mailing Address:

Telephone number Home:

Telephone number Work:

Fax number:

Email address: