Nova Scotia Board of Examiners in Psychology

nsbep@nsbep.org www.nsbep.org Tel: (902) 423-2238 Fax: (902) 423-0058

Mailing and Courier Address: 103-287 Lacewood Dr., Suite 331 Halifax, NS B3M 3Y7

Physical Address: Suite 455, 5991 Spring Garden Road Halifax, NS B3H 1Y6

COMPLAINT FORM

- Complainants may wish to speak with the Registrar before lodging a formal complaint.
- To initiate a complaint against a Psychologist or candidate register, please complete this form and mail it to the NSEBP along with a brief outline of your concerns/complaint (see section D).

Name:		
Maille.		
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
client and to the	, 1	
B. Client Inforr	mation	
B. Client Inforr Client's Name: Address:		
Client's Name:		
Client's Name: Address:		Postal Code:
Client's Name: Address: City:		Postal Code: Work:

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Psychologist's Name:		
Address:		
City:		
Province:		Postal Code:
Telephone:	Home:	Work:
complaint form are in the complaint. NSBEP has the autinformation obtain NSBEP will discle process to the app members involved necessary, information you has where required by	al circumstances applyed any documents you where the complaint athority to obtain cliented may also be provided in the resolution of a tion may be disclosed the complaints procedure been provided or law or under the Psy	y, all information you submit, including the a provide, will be given to the psychologist named relates to the provision of psychological services, nt records. These client records and other ided to the psychologist named in the complaint. Ided or obtained in the course of the complaints of investigators, legal counsel, and committee this matter. Where NSBEP determines it is ed to you or other witnesses. It is, if the matter is referred to a hearing, the that NSBEP has obtained may become public yehologists Act. Where appropriate, NSBEP will selosure of a complainant's identity.
I have read and unform	derstand the Confide	entiality and Disclosure section of the complaint

Signature of Complainant______ Date_____

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Details of Complaint

On a separate sheet, please provide a brief outline of your concerns, including the following:

- Dates of service.
- Location of service.
- The reason(s) for your complaint.
- A description of efforts, if any, you have made to resolve this matter.
- Supporting documentation, if any.

Correspondence regarding Investigations

If you would like to talk to someone about the complaints process, please contact the Registrar.

You can send your complaint to (addressed to The Registrar, NSBEP):

Mail or Courier:

Nova Scotia Board of Examiners in Psychology 103-287 Lacewood Dr., Suite 331 Halifax, NS B3M 3Y7

Fax: 902-423-0058

Email: nsbep@nsbep.org

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