COMPLAINT INVESTIGATION FORM

Please complete this form if you have a complaint or concern involving an Accredited Municipality or Corporation, an Accredited Regional Services Commission, an Accredited Agency, a Safety Codes Officer, a Permit Issuer, or a Master Electrician that is acting under the authority of the *Safety Codes Act* and its Regulations. Please complete all sections of the form and return it to the Complaint Investigations Department of the Safety Codes Council for processing.

Before completing this form, please review the Complaint Investigations policy and the "Filing a Complaint" webpage on the Safety Codes Council website (www.safetycodes.ab.ca).

All reasonable steps will be taken to investigate your complaint. The investigation may be discontinued if it is thought to be frivolous, an abuse of process, or if it is outside the Council's scope of jurisdiction.

Please note that the Safety Codes Council has no jurisdiction over any fees or fee disputes involving Safety Codes Officers, Accredited Municipalities or Corporations, Accredited Regional Services Commissions or Accredited Agencies. In addition, the Safety Codes Council does not award monetary damages or compel payment of monies at the conclusion of an Investigation. This is excluding fees authorized under the Safety Codes Act.

- After your initial complaint, you may be asked to provide further information as part of the investigation process.
- Please realize that the investigation of your complaint may take a substantial amount of time to be completed.
- Complaints are prioritized on the risk to public safety.
- Complaints are conducted by independent, objective, and unbiased investigators using accepted scientific investigation methodology.
- You will be advised of developments throughout the investigation.

Fields marked with an (*) must be completed.

Contact Information:

*Your Name: _____

*Address: _____

*Contact Number: _____ Email: _____

Information regarding your complaint:

*Municipality where your complaint originates: _____

*Date of occurrence: _____

Specific location if applicable: _____

*Name of accredited organization: _____

Address of this organization: _____

Phone: _____

*Name of the Safety Codes Officer, Permit Issuer, or Master Electrician involved:

_____

Name of the organization employing the individual(s) named above:

_____

Phone: _____

*Please describe the nature of your complaint. Use additional paper as required:

*Please advise what you wish to accomplish through the investigation of your complaint:

Personal Information - Privacy

The personal information required in this document is for the purpose of aiding in the processing of your complaint. This information is collected under authority of Section 18 of the Safety Codes Act respecting the Safety Codes Council's duties and powers to administer the provincial safety codes system. The confidentiality provisions of Section 63 of the Safety Codes Act and the provisions of the Freedom of Information and Privacy Act apply.

Declaration and Acknowledgement

I, the undersigned, acknowledge that the details outlined in this form, including personal information, may be made available to the subject of my complaint for investigation purposes, unless constrained by the Freedom of Information and Privacy Act, with the intent to correct a problem through remedial action. I declare that all the information on this form and its attachments are true and correct.

***Signature:** _____ ***Date:** _____

Please mail this completed form, along with any accompanying documentation that you have to support your complaint to:

Safety Codes Council
1000, 10665 Jasper Avenue NW
Edmonton Alberta T5J 3S9
Attn: Complaint Investigations Department