

# Notice of Complaint



<b>Date Completed:</b>	<b>ABCFP Use Only: File #</b>
<b>Who is your complaint against? Name(s) and Designation(s):</b>	
<b>1. What is your complaint? (Please be specific. Describe the circumstances and names of all those involved.)</b>	
<b>2. a) Where and when did the problem occur?</b>	
<b>2. b) When did you learn of the problem and what is the history behind your complaint?</b>	

2. c) Do you believe that the member(s) of the ABCFP have contravened the [Code of Ethics](#)? If so, what section(s) and why do you believe it/they have been contravened?

3. a) What steps have you taken to try and resolve the problem?

3. b) Why do you think that the problem has not been resolved and needs to be dealt with through the ABCFP complaints resolution process?

3. c) If you are an ABCFP member, have you discussed your concerns with a senior staff member of the ABCFP or considered using the [Professional Accountability Process](#)? [Choose Yes, No, or N/A.]

**4. What solution would you like to this problem?**

**5. List the people and organizations that are involved in the complaint, including the person(s) who is/are the subject of the complaint**

Name:	Organization:
Address:	Phone:
Email:	Involvement:

Name:	Organization:
Address:	Phone:
Email:	Involvement:

Name:	Organization:
Address:	Phone:
Email:	Involvement:

Name:	Organization:
Address:	Phone:
Email:	Involvement:

Name:	Organization:
Address:	Phone:
Email:	Involvement:

**6. a) Do you have documentation to support your complaint? [Choose Yes or No.]**

**6. b) Please add any additional information you have to support your complaint and attach additional documentation and information if available.**

<b>Your Contact Information</b>	
Name:	Organization:
Address:	
Phone:	Email:

Please send the completed form and any supporting documents to:  
 Registrar & Director of Act Compliance  
 Association of BC Forest Professionals  
 602-1281 West Georgia Street  
 Vancouver, BC V6E 3J7  
 Fax: 604.687.3264