

## MAKING A COMPLAINT

The information in this Complaint Form will be used by APGO solely in the administration of the complaints and discipline processes described in the Act. The information in this Complaint Form is subject to the confidentiality provisions of Section 36 of the Act, and will not be disclosed or communicated by APGO to any other person except as required in connection with APGO's administration of the complaints and discipline processes or with the consent of the person to whom the information relates. For more information, see APGO's Privacy Policy at [www.apgo.net](http://www.apgo.net) or contact APGO's Office at (416) 203-2746.

<b>Complaint Form</b>		
		(For Office Use) File No.:
<b>TO: The APGO Registrar</b>		
1.1	Name of Individual Filing Complaint (Complainant):	
1.2	Complainant Contact Information (address (required), phone, fax, email)	
2.1	Name of APGO Licence Holder (The Person Complained About)	
2.1.1	License No. (if known):	
2.2	Name of Company or Certificate of Authorization Holder (if known)	
2.2.1	Address of Company/Certificate of Authorization Holder (if known)	
<b>3.</b>	<b>Particulars of Complaint (Date &amp; Location)</b>	
3.1	Approximate Time Period During Which the Activity Complained About Occurred (MM/YY-MM/YY)	
3.2	Location in Which the Incident Took Place (to the best of your knowledge)	

## COMPLAINT FORM

4.	Brief Description of the Work that the License Holder or Company/Certificate of Authorization Holder was undertaking at the time (if known – otherwise leave blank).	
5.	<b>Complaint Details and Allegations</b>	
5.1	Please indicate your complaint in the space provided below. Please provide as much detail as possible (use additional pages if required). Should you have any supporting documentation such as letters, reports, pictures, emails, etc., please submit the documents with this form or indicate the availability of such documentation.	
6.	Are there any other witnesses concerning the subject of the complaint?	
7.	Are you willing to give evidence under oath concerning your complaint?	
8.	Signature of Complainant	
	Date	

**Please MAIL, FAX or EMAIL the completed form to:**

Association of Professional Geoscientists of Ontario

Attention: REGISTRAR

25 Adelaide Street East, Suite 1100

Toronto, ON M5C 3A1

Fax: 416-203-6181 or [info@apgo.net](mailto:info@apgo.net)