



Human Resources Professionals Association Complaint Form

Prior to completing this form, it is strongly recommended that you confirm the person you wish to complain about is a member of the Human Resources Professionals Association (HRPA). To confirm, please consult HRPA's online public register: <http://www.hrpa.ca/Pages/hrpa-register.aspx>.

It is the mandate of the Complaints and Investigations Committee (CIC) to assess and respond to all complaints respecting allegations of non-compliance with the Association's Code of Ethics, By-laws or Rules of Professional Conduct.

Information about you (the Complainant)

First Name: _____ Salutation: Mr. ___ Ms ___ Mrs. ___ Dr. ___

Last Name: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

May we contact you at work? Yes ___ No ___

Address: _____ Suite Number: _____

City: _____ Province: _____ Postal Code: _____

Are you a member of HRPA? Yes ___ No ___

Information about the HRPA member you are complaining about

First Name: _____

Last Name: _____

Phone: _____ Email Address: _____

Address: _____ Suite Number: _____

City: _____ Province: _____ Postal Code: _____

Additional Information

What is your relationship to the HRPA member about whom you are making a complaint?
(e.g., employer, client, leader, colleague, etc.)

Are you aware if any legal proceedings that have commenced or are intended to commence regarding the conduct of the member you are complaining about either by yourself or anyone else?

No _____ Yes _____ (if yes, please give details re: name of Court or tribunal, status and/or outcome?) _____

Your complaint

Please tell us about your complaint. Please include a chronological history of the events including the date, time and location on which specific events occurred. If more space is required, please include the information on a separate word document.

Note: This information will be provided to the HRP A member you are complaining about

Date and Time	Location	Incident/Event

***IMPORTANT NOTE:** You are required to provide evidence to support any allegations of a breach of HRP A’s Rules of Professional Conduct.

Please list the documents you are sending and provide copies of the documents. If it is alleged that more than one section of the Rules of Professional Conduct has been breached then the supporting documentation should be clearly labeled as to which allegation(s) it supports.

Note: Copies will be provided to the HRP A member you are complaining about. Do NOT send originals. If originals are needed, they will be requested at a later date.

Your complaint (continued)

Please list the name(s) and contact information of any witness or anyone who may be able to provide further information.

What remedy are you seeking as a result of your complaint? *Note: HRPA has no authority to provide a financial remedy to the complainant; therefore the Complaints and Investigations Committee (CIC) cannot award any damages. Additionally, the CIC cannot dictate whether an individual shall be rehired once they have been terminated by their employer.*

Acknowledgement, consent and signature

I have read and I understand the following:

- I understand that the Human Resources Professionals Association (HRPA) will share some or all of the information and documents it receives from me and other parties with the HRP member complained about.
- I agree to the HRP sharing and providing copies of information and documents that it receives from me with the HRP member complained about.
- I understand that the HRP may not be able to process my complaint without supporting documents. I have attached copies of documents that relate to my complaint.

Date signed

Signature of Complainant

Note: *If you are filing this complaint for another person who was the party directly affected by the HRP member's conduct, we may need a signed authorization from this other person in order to proceed with the complaint.*

If you have any questions about how to file your complaint, please call the Office of the Registrar at 416.923.2324 or 1.800.387.1311 or send an email to: registrar@hrpa.ca