



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 registrant 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 Committee 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	Last Name	Home Phone
Work Phone	Email	

May we contact you at work? ☐ Yes ☐ No

Address	Suite/Unit		Home Phone
City/Town	Province	Postal Code	Country

Are you a Registrant of HRPA? ☐ Yes ☐ No

INFORMATION ABOUT THE HRPA REGISTRANT YOU ARE COMPLAINING ABOUT

First Name	Last Name	Phone	
Email Address	Address		
Suite/Unit:	City/Town	Province	Postal Code

ADDITIONAL INFORMATION

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

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

☐ No ☐ Yes (if yes, please give details re: name of Court or tribunal, Government agency 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: All information provided in your complaint (including responses) will go to both the registrant and to the panel for their review.

Date and Time	Location	Incident/Event

***IMPORTANT NOTE:** You are required to provide evidence to support any allegations of a breach of HRPA'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 HRPA registrant 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 Committee cannot award any damages. Additionally, the Complaints Committee cannot dictate whether an individual shall be rehired once they have been terminated by their employer.



**Human
Resources
Professionals
Association**

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 HRPA registrant complained about.
- I agree to the HRPA sharing and providing copies of information and documents that it receives from me with the HRPA registrant complained about.
- I understand that only information that was shared with both parties will be submitted to the Complaints Committee for review as part of the complaint.
- I understand that Office of the Registrar staff will not screen or withhold any information that is submitted.
- I understand that the HRPA may not be able to process my complaint without supporting documents. I have attached copies of documents that relate to my complaint.

☐ By checking this box, I agree to and confirm the above

Signature: _____ Date signed(mm/dd/yyyy) _____

Note: If you are filing this complaint for another person who was the party directly affected by the HRPA registrant'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