



## COMPLAINT OF UNPROFESSIONAL CONDUCT

This form is to be used to make a complaint regarding the unprofessional conduct of a regulated registrant of the Association of Alberta Forest Management Professionals (AAFMP) under the *Regulated Forest Management Profession Act (Act)*.

**THIS FORM MAY BE PROVIDED TO THE REGISTRANT WHO IS THE SUBJECT OF THE ACTION (Part 4, section 44.1(1) Act) IF THE COMPLAINT IS FOUND TO BE A VALID CLAIM.**

Procedural questions, including questions about completing this form may be directed to the Hearings Director:

Email: [admin@aafmp.ca](mailto:admin@aafmp.ca), or  
Phone: 780-761-8733 ext.100

Submit this form by email or mail to:

E-mail: [complaints@aafmp.ca](mailto:complaints@aafmp.ca)

or

Mail: Complaints Inquiry Committee Chair  
Association of Alberta Forest Management Professionals

320, 3203 93 Street NW  
Edmonton, AB T6N 0B2



**Please complete a separate complaint of unprofessional conduct for each registrant. Form must name individual registrants and not companies.**

Office use only:

Date received: \_\_\_\_\_

Date forwarded to \_\_\_\_\_

CIC: \_\_\_\_\_

File number: \_\_\_\_\_

### PART A: THE COMPLAINT

A complaint of possible unprofessional conduct for:

**Forest Management Professional's Name:**

\_\_\_\_\_  
**AAFMP Registration Number (if known):**

\_\_\_\_\_  
**Designation or Title:**

\_\_\_\_\_  
Provide a brief description of the FMP's actions that have prompted this complaint. Specific details are not required.

### PART B: THE COMPLAINANT

*(Anonymous complaints will not be accepted.)*

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### PART C: COMPLAINANT CONTACT INFORMATION

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



## PART D: Complaint Details

### Complainant (individual filing the complaint)

Name: \_\_\_\_\_

Primary phone: \_\_\_\_\_

If a regulated professional, name of regulator: \_\_\_\_\_

Designation or title: \_\_\_\_\_ Reg. number: \_\_\_\_\_

Employer/Business name: \_\_\_\_\_

Primary email: \_\_\_\_\_

Are you currently represented by a lawyer?                      Yes                      No

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Forest Management Professional (FMP) (individual whom the complaint is being filed against)

Name: \_\_\_\_\_

AAFMP registration number (if known): \_\_\_\_\_

Designation or title: \_\_\_\_\_

Company (if relevant): \_\_\_\_\_

### Complainant relationship to the FMP:

Customer (individual provided with services)

Landowner with right-of-way access

Contractor (company contracting services)

Other regulated professional

Employee of the FMP

GOA oversight/approvals officer

Other (specify): \_\_\_\_\_



**Other Proceedings**

Has a complaint regarding this issue been filed with any other agency including law enforcement? No  Yes

Have legal proceedings been filed regarding this issue? No  Yes

If you selected 'yes' to either of the above questions, please attach details and supporting material. Appendix number \_\_\_\_\_

**Complaint**

Date of initial interaction with the FMP (regarding the complaint) \_\_\_\_\_

Date of final interaction with the FMP (regarding the complaint) \_\_\_\_\_

Briefly summarize the reason for interacting with the FMP:

What area(s) of practice is the matter regarding?

Specifics of the complaint: provide detailed information as it relates to the definition of “unprofessional conduct” pursuant to the Interpretation (1(1)(gg)(i-x) of the *Regulated Forest Profession Act (2019)*, the Code of Ethics and Standards of Practice.

Submit as a separate typed document explaining the facts in chronological order. All paragraphs should start with a date. If an exact date is unavailable, provide an approximate period of time.

Attach as an appendix to this form. Identify the appendix number. \_\_\_\_\_

What attempts have been made to resolve the complaint with the FMP (summative description)?

If necessary, use a separate document and attach as an appendix to this form. Identify the appendix number below.



### Supporting Documentation

List all supporting documentation being provided to support the complaint. Please include clear copies of any documents pertaining to the complaint with this form, including contracts, correspondence, notes or journal entries. **Do not include original documents, copies only.**

If necessary, use a separate document and attach as an appendix to this form. Identify appendix number below.

Document name

Date

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Please include a list of the names and contact information for any persons who may need to be contacted regarding this complaint.

If necessary, use a separate document and attach as an appendix to this form. Identify appendix number below.

Name

Email

Phone

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What would you like to see happen as a result of this complaint submission?



## ACKNOWLEDGMENT, CONSENT AND SIGNATURE

I acknowledge that by submitting this form, I am giving my consent to the Association of Alberta Forest Management Professionals to investigate all information necessary to address my concerns and to disclose some, or all, of the information I have provided to the registrant concerned pursuant to section 44 of the *Act* should the complaint be found sufficient to warrant investigation. I understand hearings are open to the public pursuant to section 67 of the *Act* should the complaint be forwarded to a hearing tribunal.

I agree to cooperate with the Association of Alberta Forest Management Professionals in the review and processing of this complaint. I understand I may be interviewed should a formal investigation be launched, and, if the matter is referred to a hearing tribunal, I may need to appear as a witness.

The personal information collected in this form will be used by the Association of Alberta Forest Management Professionals for purposes contemplated by the *Regulated Forest Management Profession Act*, the registration standards of the Association of Alberta Forest Management Professionals, the Code of Ethics and Standards of Practice. This information may be used or disclosed by the Association of Alberta Forest Management Professionals, now or in the future, for any of its regulatory purposes, investigations, and proceedings. The Association of Alberta Forest Management Professionals may contact complainants to obtain additional information or for clarification on the information provided.

If any questions or concerns arise about the collection, use or disclosure of this information, please contact the Association of Alberta Forest Management Professional's Hearings Director at 780-761-8733.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_