



375 University Avenue, Suite 800,  
 Toronto ON M5G 2J5  
 Tel: 416 961-8558 (select option 3 for  
 Professional Regulations department)  
 Toll-free: 1 888 961-8558  
**proreg@college-ece.ca**

## Complaint Intake Form

As part of its mandate, the College of Early Childhood Educators receives and investigates complaints against members of the College. The complaint must relate to professional misconduct, incompetence or incapacity of a member in order for the Complaints Committee to consider it. You may wish to refer to the definition of professional misconduct found in the Professional Misconduct Regulation (Ontario Regulation 223/08) on the College's website. The Complaints Committee will refuse to consider and investigate a complaint, if in its opinion, the complaint is frivolous, vexatious or an abuse of process.

### Statement on Confidentiality

The College conducts its investigations discreetly and does not comment to the public on complaints that it receives. A copy of the complaint and relevant documents are provided to the member so that she or he has an opportunity to respond to the complaint. In addition, it may be necessary to disclose some information during the investigation when speaking to the member's supervisors and witnesses to the event. If the complaint is referred to the Discipline Committee for a public hearing, information on the matter is made available to the public.

I wish to file a formal complaint with the College of Early Childhood Educators.			
Your Name			
Home address			
Work address (optional)			
E-mail			
Home Telephone		Work/Cell Telephone	
What is the nature of your relationship with the member (parent of child under member's care, supervisor, colleague, etc.)?			

**Member Information**

(If your complaint is against more than one individual, please fill out separate forms for each.)

Name (please include College registration # if known)

Home address (if known)

Work address  
(if different from Workplace)

E-mail

Home Telephone

Work/Cell  
Telephone

**Workplace Information**

Name

Address

E-mail

Workplace Telephone

Name of Supervisor

Name of Owner/ Parent  
Organization

**Incident(s) Information**

Where did the incident(s) occur (infant room, staff room, playground, etc.)?

When did the incident(s) occur (time and date)?

Please describe as clearly and concisely as possible the incident(s) and the conduct that, in your opinion, constitutes professional misconduct, incompetence or incapacity. Attach and label additional sheets if necessary.

Were others involved in the incident (include first and last names)? If the incident involves a child, please give the child's age, date of birth, and relationship to you.

Please describe what steps if any, were taken at the local level to resolve this matter. What was the outcome of this incident within the Workplace (suspension, termination, internal investigation, etc.)?

<b>Additional Contacts (if applicable)</b>	
Name of Program Advisor with the Ministry of Education	
Work address (if known)	
E-mail	
Work Telephone	
Involvement/Action Taken	
<hr/>	
Name of Children's Aid Society official	
Work address (if known)	
E-mail	
Work Telephone	
Involvement/Action Taken	
<hr/>	
Name and badge # of police official	
Work address (if known)	
E-mail	
Work Telephone	
Involvement/Action Taken	
<hr/>	
Other (please specify)	
Work address (if known)	
E-mail	
Work Telephone	
Involvement/Action Taken	
<hr/>	
<b>If the police have been contacted regarding this incident, please answer the following:</b>	
To your knowledge have criminal charges been laid against the Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
<b>If yes, please provide the following information:</b>	
Offences charged	
Date charges laid	
Police Service (OPP, municipal force, etc.)	
Contact Name	
Address	
Telephone	

