

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.)?

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

Supporting Documentation

In order for the College to successfully complete its investigation, it is important that you submit any supporting documentation along with your notification or report. This may include:

- relevant policies
- e-mails
- serious occurrence reports
- employment termination letters
- verbal/written warnings
- pictures, video footage
- witness statements
- any other information you feel may be relevant to the investigation or useful for the Complaints Committee during its deliberation

If the College requires any information that is not included with this complaint you will be contacted. However, delays in arriving at a complaint resolution will be avoided if you provide this information at the time when you send in the complaint intake form.

If you provide any supporting documentation, please ensure it is properly labelled and explain its relevance to your complaint.

Complaint Resolution			
Please indicate how this matter could be resolved to your satisfaction.			
By typing/printing my name below, I understand that I am submitting a complaint to the College regarding the Member named on this form. I further understand that a copy of this complaint will be provided to the Member, which will include the disclosure of my name to the Member. I also confirm that I have completed all relevant fields in this Complaint Intake Form and have included all relevant information and supporting documents for submission to the College.			
Your Name:		Date:	

Please complete this form and submit it in one of the following ways:

By mail:

Office of the Registrar
c/o Professional Regulation Department

College of Early Childhood Educators

375 University Avenue, Suite 800,
Toronto ON M5G 2J5

By e-mail:

proreg@college-ece.ca

By fax:

416 961-6995