



**Complaint Form**

Section 20 of the *Professional and Occupational Associations Registration Act* reads:

- (1) A person who has a complaint that the conduct of a member of a registered association constitutes
- a) unskilled practice of the profession or occupation, or
  - b) professional or occupational misconduct,
- may submit a signed, written complaint to the chair.

Complainant	Regulated Member
Name: _____	Name: _____
Title (if any): _____	Title (if any): _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____

**Please provide a statement of facts pertaining to the complaint. Attach additional pages if more space is needed).**

**Consent to collect, use and (or) disclose personal information.**

The *Personal Information Protection Act (PIPA)* governs the Alberta Assessors' Association's collection, use and disclosure of personal information. By signing this form, you are providing your consent to the Alberta Assessors' Association to collect, use and disclose any personal information for regulatory purposes including, but not limited to processing, investigating, hearing and deciding a matter. This may include publication in whatever means the Association deems appropriate if such disclosure is in the public interest.

**Acknowledgement**

I hereby agree to cooperate with the AAA in its review and processing of my complaint. I understand I may be interviewed and, if the matter is referred to a hearing, I may need to appear before a Tribunal.

I understand the AAA will provide this complaint form and any/all documents supporting my complaint to the named regulated member for a response, and to third parties whose roles are necessary functions in the regulatory process.

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach copies of all relevant documents, assessment records, or appraisal reports and send to the Alberta Assessors' Association:

Attention: Discipline Committee Chairperson  
101, 10555 172 Street NW  
Edmonton, AB T5S 1P1

Email: [Registrar@assessor.ab.ca](mailto:Registrar@assessor.ab.ca)  
Fax: 780-487-7505

For Office Use Only:

Date Received: \_\_\_\_\_ Date Chair Response: \_\_\_\_\_

Date of Hearing (if applicable): \_\_\_\_\_ Date of Resolution: \_\_\_\_\_