

OAP PROVIDER LIST COMPLAINT FORM - DIRECTIONS

We understand that conflict cannot always be solved between two disagreeing parties.

Therefore, we have adopted a formal conflict resolution process as follows:

1. All complaints must be submitted in writing, following the complaint process outlined below.
2. It will be determined if the complaint is eligible for review.
3. You will receive a response within seven days stating whether or not it is eligible for review and be provided with next steps.
4. If eligible for review, an investigation will commence once it has been reviewed by management.

Please note: All concerns are considered sensitive information and kept confidential. All formal complaints will be kept on file along with any accompanying documentation.

During this process, complaints are not to be discussed with anyone who is not a part of the investigation.

Formal complaints must be submitted within 14 days from the date of the alleged incident(s). Once a complaint has been submitted, you will receive a response within seven days. Individuals seeking resolution are required to describe in writing:

- Names of all parties and witnesses involved, and any attempts made to resolve the issue prior to the written complaint. Anonymous complaints will not be reviewed;
- History and details of the circumstances (i.e., dates, location, time, etc.);
- What they feel is causing the problem;
- How they would like the dispute resolved and their reasoning

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CONTACT INFORMATION:

Please provide us with information with which we can contact you regarding your complaint:

YOUR NAME: _____ PHONE: _____

E-MAIL: _____

Please state your complaint below & include all details (ie., names, dates, history, etc.)

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. Furthermore, I realize that an inquiry will be initiated once this complaint has been filed.

NAME OF COMPLAINANT

SIGNATURE OF COMPLAINANT

Please send this form to the OAP Provider List Director at director@oaproviderlist.ca or mail it to:

DIRECTOR, OAP PROVIDER LIST

c/o Autism Ontario
1179 King Street West Suite 004
Toronto, ON M6K 3C5

Should the matter fail to be sufficiently addressed at the Director level, please send this form to OAP Provider List Appeals Board appeals@oaproviderlist.ca or mail it to:

APPEALS BOARD - OAP PROVIDER LIST

c/o Autism Ontario
1179 King Street West
Suite 004
Toronto, ON M6K 3C5