

# *Newfoundland and Labrador Psychology Board*

*P.O. Box 8275, Station A, St. John's, NL A1B 3N4*

*website: <http://www.nlpsychboard.ca>*

## **ALLEGATION FORM**

Please be sure to include your full name, complete contact information and signature so the Board will be able to proceed with a review of your allegation.

Upon submission of this signed allegation you agree to the following:

- a) Authorize the Newfoundland and Labrador Psychology Board (NLPB) to release copies of any and all necessary information pertaining to the allegation to the NLPB member psychologist (hereinafter called the Respondent) named in the allegation in order for the Respondent to reply to the allegation in writing to the NLPB;
- b) Authorize the Respondent to release copies to NLPB of all necessary information pertaining to the allegation;  
AND
- c) Agree to provide relevant information regarding the allegation and/or the Respondent to the NLPB and to appear and give evidence when required at a disciplinary hearing if called upon to do so by the NLPB as a result of the allegation against the Respondent proceeding as a complaint through the disciplinary process.

Part III of the Psychologists Act, 2005 references the Discipline process.

Upon receipt of an allegation, the procedure which the Board follows upon receipt of an allegation is, in part, as follows:

1. The Registrar shall notify the Respondent of the allegation within 15 days.
2. The Respondent is provided with the opportunity to respond to the allegation within 30 days.
3. The Complainant or their solicitor shall receive a copy of the Respondent's response
4. As per section 17(1) of the Psychologists Act (2005), the Registrar reserves the right to attempt to resolve the matter through alternative dispute resolution.

*It is strongly recommended that you retain a copy of all documents for your records.*

<b>1. Person Registering Allegation</b>			
Last Name		First Name	
Address			
City/Town	Prov.	Postal Code	Country
Home Phone		Work Phone	
Email address (if known):			
If you are not the client/patient of the psychologist, please describe your relationship to the client/patient.			

<b>2. Client/Patient Information</b> (If person registering allegation is not the recipient of psychological services)			
Client's/patient's full name		Date of birth	
Address			
City/Town	Prov.	Postal Code	Country
Home Phone		Work Phone	
Email address (if known):			

<b>3. Details of the Psychologist who is the subject of the Allegation</b>			
Registrant's Name			
Address:			
City/Town	Prov.	Postal Code	Country
Phone Number			
Email address (if known):			

\_\_\_\_\_  
**Signature of Person registering allegation:**

\_\_\_\_\_  
**Date:**

#### **4. Details of Allegation**

On a separate sheet, please outline your allegations and include the following:

- When and for how long have you been seeing the psychologist?
- What did the psychologist do or fail to do to cause your concern?
- When did the conduct or lack of conduct occur?
- What are you alleging about the psychologist's conduct?
- Have you made any attempts to resolve this matter? If yes, what?
- Do you have any suggestions as to how the psychologist might resolve the matter?

Please attach any supporting documents and specify how each document relates to your concern.

All allegations must be made in writing and delivered to the Registrar. Please return the original signed form, the sheet detailing the allegation and any original versions, if possible, of any supporting documents to:

**Registrar  
Newfoundland and Labrador Psychology Board  
P.O. Box 8275, Station A  
St. John's, NL  
A1B 3N4**