



## COMPLAINT SUBMISSION FORM

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This form is to be completed to register a complaint with the Safety Codes Council (Council) about an accredited organization, safety codes officer, permit issuer or master electrician. Please return this completed form and all supporting documentation to the Council. Complaint submissions can be submitted through mail or email (see below). Additional information regarding filing of complaints can be found on the Council website ([www.safetycodes.ab.ca](http://www.safetycodes.ab.ca)).

All complaints will be evaluated by the Council to determine if the complaint is within the jurisdiction of the Council to investigate. All complaints that are determined to be outside of the Council's jurisdiction will not be investigated.

The council only investigates complaints by directly affected persons. Directly affected person means a person who has requested the services of an accredited organization, safety codes officer, master electrician, or permit issuer in their roles of administering the Act.

If your concern deals with an issue that is of immediate danger to life and safety contact the authority having jurisdiction (municipality or corporation) immediately. If you are unsure about who to contact regarding an immediate danger, please contact the Council at 780-413-0099 for assistance.

### Instructions for complainants:

- Call the Council to review your concerns.
- Ensure that this form is completed in its entirety. Incomplete submissions may delay processing and require the submission of additional information.
- Provide any evidence to support your case. Explain the significance of the evidence and attach the documents to the complaint form.
- Note that the investigative process is comprehensive and can take time to gather, analyze, and compile all relevant information.
- Complaints should be submitted to the Council within **six months** of the complainant knowing of the issue or concern.
- Describe any steps that have been taken to resolve this issue before contacting the Council.



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## COMPLAINANT INFORMATION

Name:

Address:

City / Town

Province

Postal Code

Telephone:

Alternate phone:

Email:

## DETAILS OF THE COMPLAINT

Date of occurrence:

Municipality where your complaint originates:

Specific (municipal address) location if applicable:

Name of accredited organization:

Address of this organization:

Phone:

Name of individual involved (SCO, Master Electrician, or Permit Issuer):

Business address:

City / Town

Province

Postal Code

Phone:

Please include a complete description of the nature of the complaint, the steps that have been taken to resolve the issue, and the timeline of events leading to the complaint. You may attach supporting documentation to your completed complaint submission form.

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Please describe your expectations of the outcome of this complaint.

## **AUTHORITY OF THE SAFETY CODES COUNCIL**

The Council's authority to investigate complaints is established in its Mandate and Roles Document. The scope of the Council investigation process is limited to reviewing the competence, performance, or conduct of accredited organizations, safety codes officers, master electricians or permit issuers.

The Council does not have authority to undertake the following based on findings of a complaint investigation:

1. issue fines or monetary damages;
2. issue orders requiring owners, contractors, designers or other parties to take specific actions;
3. adjudicate contractual matters between owners and other parties.

## **PRIVACY OF PERSONAL INFORMATION**

The personal information collected in this document is collected under the authority of section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act*. The personal information will be used to process and administer your complaint which includes disclosure of your name and the basis of the complaint to the respondent. For information about the collection and use of your personal information, contact the Manager, Policy and Legislation, Safety Codes Council. Telephone 780.413.0099.

## **DECLARATION**

I declare that all of the information provided on this form and any attached documents are correct and true to the best of my knowledge.

Signature: \_\_\_\_\_

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

Please mail or email your complaint to:

**Safety Codes Council**  
Suite 500, 10450 Jasper Avenue, Edmonton, AB, T5J 3N4  
**Email: [complaints@safetycodes.ab.ca](mailto:complaints@safetycodes.ab.ca)**