

**HEARING AID PROGRAM
COMPLAINT REPORTING FORM**

As the licensing and monitoring body for Licensed Hearing Aid Businesses in Saskatchewan, the Ministry of Health takes your complaint seriously and will investigate matters that fall within the scope of *The Hearing Aid Sales & Services Act*. From time to time the investigation may take several months depending on the complexity of the complaint.

Typically the complaint investigation process is as follows:

- the complainant completes this form providing as much detail as possible, and submits the form to the Hearing Aid Program Consultant or Complaint Investigator,
- the Consultant and/or Complaint Investigator will review all of the information and conduct an investigation. Contact with other parties may be necessary.
- if the complaint is founded, the Complaint Investigator will work with the Hearing Aid Business Licensee to gain compliance with the Hearing Aid legislation.
- the complainant will be notified upon conclusion of the investigation.

Please complete the following:

Name of Licensed Hearing Aid Business: _____

Address of Hearing Aid Business: _____

Name of customer/client: _____

Name of Complainant (if different from customer/client) _____

Address of Complainant (if different from customer/client) _____

Phone # of Complainant (Bus.) _____ (Res.) _____

Relationship to customer/client: _____

Use the space below to identify your concern(s) paying particular attention to details such as individuals involved, date, time, witnesses, relevant documentation, etc. Please use the reverse page if you need more space.

If you have any questions or require assistance to complete this form, please contact the Hearing Aid Program Consultant at (306) 787-1715.

(Please turn page over)

What is your expectation from the investigation of this complaint?

Licensed Hearing Aid Business operators are required to provide safe and appropriate care to customers/clients in accordance with the requirements under the *Hearing Aid Sales and Service Act*. The information you have provided will assist Ministry of Health officials in determining if the Licensee is operating according to these requirements. While most complaint investigations are used to educate Licensees and staff to ensure they understand the requirements of the legislation, some investigations result in appropriate action being taken against a Hearing Aid Business, i.e., amendment, suspension or cancellation of the licence. Please be advised that every effort is being taken to keep your name confidential (if this is your preference), however, during the course of the investigation, your identity may be assumed by or disclosed to the Licensee or their legal counsel in the interest of administrative fairness. By completing and signing this form, you are consenting to the release of your name and the details of your concerns to the Licensee or their legal counsel during the course of the investigation or follow-up enforcement, or any legal proceedings.

Signature of Complainant

Date:

Return to:

Attention: Hearing Aid Program Consultant (Complaints)
Community Care Branch
Ministry of Health
Main Floor – T.C. Douglas Bldg.
3475 Albert Street
Regina, SK S4S 6X6
Fax: (306) 787-7095