

The personal information you have provided is being collected under the Adult Capacity and Decision-making Act and may be used for the purposes of conducting an investigation or resolving a complaint under the Adult Capacity and Decision-making Act, or as authorized or required under the Freedom of Information and Protection of Privacy Act or another enactment.

Your Contact Information

First Name _____ Last Name _____

Mailing Address _____

City _____ Postal Code _____

Telephone _____ Alternate Number (if any) _____ Fax (if any) _____

Email (if any) _____

Your relationship to the represented adult _____

Represented Adult Information (if known)

First Name _____ Last Name _____

Mailing Address _____

City _____ Postal Code _____

Telephone _____ Alternate Number (if any) _____ Fax (if any) _____

Email (if any) _____

Representative Who is the Subject of Your Complaint - Information (if known)

First Name _____ Last Name _____

Mailing Address _____

City _____ Postal Code _____

Telephone _____ Alternate Number (if any) _____ Fax (if any) _____

Email (if any) _____

Representative Order Information (if known) ---

Provide any other relevant information you have about the representation order. *(For example, the matters with respect to which the representative has authority.)*

Nature of Your Complaint ---

1. What are your reasons for believing the representative is failing to comply with the representation order or the Adult Capacity and Decision-making Act? Include the date or time period when your concerns arose.
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2. What are your reasons for believing that the failure is

- a) likely to cause harm to the physical or mental health of the represented adult?

- b) likely to cause financial loss to the represented adult?

3. Have you taken any steps to resolve the matter? Set out the details in the space below.

Additional People Who Can Provide Further Information 

First Name _____ Last Name _____

Mailing Address _____

Postal Code _____

City _____

Telephone _____ Alternate Number (if any) _____ Fax (if any) _____

Email (if any) _____

Their relationship to the represented adult _____

First Name _____ Last Name _____

Mailing Address _____

Postal Code _____

City _____

Telephone _____ Alternate Number (if any) _____ Fax (if any) _____

Email (if any) _____

Their relationship to the represented adult _____

Signature

If the subject-matter of your complaint could be an offence under the Criminal Code (Canada), abuse against a client under the Protection for Persons in Care Act or an offence under another statute or regulation of Nova Scotia, the complaints officer may refer the complaint to a police service or appropriate government department in accordance with the Adult Capacity and Decision-making Act.

Dated at _____ in the Province of Nova Scotia
Location

this _____ day of _____
Day Month Year

Name of Person Making Complaint: _____

Signature of Person Making Complaint: _____