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| **ATINS COMPLAINT FORM**  Version 2016-001  Last updated: April 15, 2016 | | |
| The primary functions of the Association of Translators and Interpreters of Nova Scotia (ATINS) are to promote the profession and the development of its members and to provide users with access to translation and interpretation services from a qualified and ethical body of competent professionals.  This Complaint Form is designed to gather all information relevant a complaint with regard to a member of ATINS.  This procedure is intended to review complaints of alleged unprofessional conduct and is not available for resolving fee disputes.  ATINS will not accept complaints against persons who are not members of the association.  **Instructions:**   * Complete the Complaint Form in full and sign it. If a question does not apply, please write “Not Applicable” or “N/A”. * Attach a cover letter including any pertinent details you wish to highlight, such as urgency of your complaint. Your letter must be addressed to the President of ATINS. * Attach copies of any documents you deem relevant to your complaint. Please do not send originals.   **Mail to:** ATINS,P.O. Box 372, Halifax, Nova Scotia B3J 2P8  **Email:** info@atins.org  **What happens next?**   * All complaints will be handled confidentially. * We will send you a notification acknowledging receipt. Each complaint will be carefully reviewed and assessed. * ATINS will respond to all complaints in writing within 30 calendar days unless the matter is urgent. In cases of special situations or urgent matters, a reasonable timeframe will be considered and communicated to the complainant. * The written decision of ATINS will be final. | | |
| **COMPLAINANT’S INFORMATION** | |
| Title | Mr.□ Mrs.□ Miss□ Ms.□ |
| Given Name(s) |  |
| Surname(s) |  |
| Company |  |
| Address | Home □ Work□ |
| Telephone | Home:  Work:  Cell: |
| Email Address |  |

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| **INFORMATION ON THE ATINS MEMBER TO WHOM THE COMPLAINT PERTAINS** | |
| Title | Mr.□ Mrs.□ Miss□ Ms.□ |
| Given Name(s) |  |
| Surname(s) |  |
| Company |  |
| Language |  |
| Address | Home □ Work□ |
| Telephone | Home:  Work:  Cell: |
| Email Address |  |

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| Please describe your complaint providing as many details as possible, *e.g.* urgency, date when you engaged the services of the ATINS Member; deadlines, expectations. Attach additional pages if required. |

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| **Acknowledgement, Consent and Signature**  I have read and I understand the following:   * I understand that the Association of Translators and Interpreters of Nova Scotia (ATINS) may share all or some of the information and documents that it receives from me and other parties with the ATINS member in question. * I understand that the Association of Translators and Interpreters of Nova Scotia (ATINS) will endeavor to provide a solution and the decision made by the President of ATINS will be final. * I have attached a signed Complaint Form, letter and/or documents related to my complaint.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |