

Canadian Association of Professional Speakers  
**Ethics Complaint Form**

To: Ethics Committee  
Canadian Association of Professional Speakers  
1370 Don Mills Road, Suite 300  
Toronto, Ontario M3B 3N7

From: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Province, Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

I am a member of CAPS: \_\_\_\_\_ I am not a member of CAPS: \_\_\_\_\_

1. What is your desired outcome for initiating this process?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Describe in your own words what you consider the ethical issue to be, including all facts upon which you base your concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. CAPS member being complained about (respondent): \_\_\_\_\_
  
4. Article of Ethics Code you believe is violated: \_\_\_\_\_
  
5. Date(s) of Incident(s): \_\_\_\_\_
  
6. Location/Occasion of Incident:  
\_\_\_\_\_
  
7. Were other CAPS members directly involved? If yes, who were they and describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. How did you observe/discover this issue?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. When did you observe/discover or find out about it?

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10. What practices or actions by the respondent do you think the Ethics Committee should investigate?

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11. Who else knows or has possible information about the situation? (Please give names and telephone numbers if known. Also state if these individuals are CAPS members.)

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12. Have you had any communication with anybody regarding this incident? If so, please explain and attach copies of any written communication:

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13. What action, if any, have you taken to rectify the situation? List steps taken as well as dates:

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14. Have you communicated with the respondent about your concern? If so, when and what response did you receive?

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15. Is this matter currently under legal action, or do you believe it is legally actionable?

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16. What positive result would resolve this issue for you?

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Please be mindful of your professional obligation regarding confidentiality of this procedure. Your signature signifies that this request is brought in good faith.

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