

INDEPENDENT COMPLAINTS REVIEW PROCESS – REQUEST FOR REVIEW FORM



Version: 2020-002
Last Modified: December 16, 2020

If a complaint is closed by the Council or the Complaints Committee and a complainant disagrees with the decision, the complainant may request that the decision be reviewed by the Independent Complaints Review Officer (ICRO). Requests for review must be made within thirty (30) calendar days of receiving notice of the decision from the ICCRC Professional Conduct Department.

The ICRO may review the fairness of the procedure used by the Council or the Complaints Committee to handle the complaint and whether there were any errors in fact or in law. The ICRO’s review will be guided by the accepted principles in the rules and By-laws related to the Complaints and Discipline process. The ICRO cannot review the actual merits of a complaint.

Upon conducting a review, the ICRO will either:

- a) accept that the procedures were fair and that no error in fact or law occurred;
- b) mediate with the complainant and the Council to try to settle the matter; or
- c) refer the complaint back to the Council or the Complaints Committee with a recommendation for further action.

<p>Before filing a request for ICRO review</p>	<p>✓ Verify that ICCRC has provided you with final notice of the decision to close your complaint against a member within the last 30 days</p>
<p>About the Reviewer and the process</p>	<p>Please review the Information Sheet about ICCRC’s Independent Complaints Review Process</p>
<p>What ICRO needs from you</p>	<p>✓ Complete and <u>sign</u> the Request for Review Form ✓ Attach a copy of any fresh information that could not have been provided earlier to the ICCRC Professional Conduct Department ✓ Submit the completed Request for Review Form by:</p> <p>Mail Office of the Independent Complaints Review Officer (ICRO) 5500 North Service Road, Suite 1002 Burlington, ON L7L 6W6</p> <p>Email icro-aepi@icrc-crcic.ca</p> <p>Fax 1-877-315-9868</p> <p>DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED</p>

What happens next	<p>We will promptly acknowledge receipt of your request for review and provide you with a file number.</p> <p>You should know that:</p> <ul style="list-style-type: none"> • Each request for review will be assessed to determine if the matter is eligible for independent review, as outlined in ICCRC By-laws. • If your request for review is eligible, a \$25 CAD administrative fee will apply. We will send an invoice to the email address you provide. • If we cannot initiate a review, reasons will be provided. • We will keep you informed about the status of your review. • The decision issued by the ICRO review is final and not subject to appeal or further review.
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Section 1 – Information about you (the complainant)

Title	Mr. Ms. Mx.
Legal First Name	
Middle Name(s)	
Legal Last Name	
Address	
City	
Province / State	
Postal Code	
Country of Residence	
Country of Citizenship	
Ethnicity	
Primary Language Spoken	
Secondary Language Spoken	
Telephone Number(s)	HOME () WORK () MOBILE ()
Email Address	
Preferred method of communication	MAIL EMAIL TELEPHONE <input type="checkbox"/>
Preferred time to be contacted (our office hours are 8:30am to 5:00pm ET)	

Section 2 – Information about your complaint against RCIC

ICCRC Case Number	CD.
ICCRC Member	First Name: Last Name: Business Name: R#
Date you received final response from ICCRC	
Do you have a representative for your complaint matter? Yes No	

If you have representation (fill out only if applicable)

If you have legal representation/other representation and would like to authorize them to communicate with the ICRO on your behalf about this request for review, please provide their contact information below.	
Name of representative:	
Relationship to complainant: Lawyer Paralegal Family/Friend Other: _____	
Address:	
Phone:	
Email:	
Preferred method of communication	MAIL EMAIL TELEPHONE
Preferred time to be contacted (our office hours are 8:30am to 5:00pm ET)	

Section 3 – Reason for your request for a review

Why would you like to request an ICRO review? Select all that may apply.

- Was not provided any notification or update on complaint file
- Was not provided adequate reasons on the decision made
- Important facts were not considered
- ICCRC Bylaw, codes, regulations and/or policies were not properly applied

- Fresh information that could not have been provided earlier (If this is selected, complete Section 4)
- Other: _____

Please briefly explain why you are unsatisfied with the decision issued by ICCRC and would like to request an independent complaint review by the ICRO.

Did you raise any of these concerns about this matter with ICCRC?

- Yes No

If yes, what steps did you take to address your concerns about this matter with ICCRC?

What do you hope to achieve as a result of the Independent complaints review process?

Section 4 – Fresh Information

If you are providing fresh information that was not previously provided to the ICCRC Professional Conduct Department, you must either provide that evidence here, or clearly identify the fresh information that you are attaching to this form (attach extra pages if necessary).

Please explain how you meet the following requirements of the fresh information test:

1. The information must not have been reasonably available prior to the dismissal of your complaint;
2. The information must be relevant;
3. The information must be credible; and
4. The information could reasonably be expected to have affected the result.

Note: If the ICRO determines that the test for fresh information is not met, the information will not be considered as part of the review process.

Section 5 - Acknowledgement and Consent

I have read and understand ICCRC’s [Independent Complaints Review Process](#).
 I have included all the information necessary for the consideration of my request with this form.
 I understand no further submissions will be accepted after I have completed and submitted my request for review form.
 I understand the ICCRC member(s) who is the subject of my complaint is not a participant in the review process.
 I understand the decision of the ICRO is final and cannot be appealed.

By signing this form, I provide my consent and authorization to the ICRO to act in accordance with the terms above.

Signature

Date (dd/mm/yyyy)

FOR ICCRC OFFICE USE ONLY:	
Date received: ___/___/___	Received by: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax
Payment submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Waived: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date payment processed: ___/___/___	
Date request processed: ___/___/___	