

Potential Breach of the Code of Professional Conduct Reporting Form

Prior to completing this form, it is strongly recommended you read the guide carefully.

It is the mandate of the Code of Professional Conduct to assess and respond to all complaints respecting allegations of non-compliance with the Institute's Code of Professional Conduct.

Information about you (the Complainant)					
First Name	Salutation:	Mr.	Ms.	Mrs.	Dr.
Last Name:	_				
Work Phone	-				
Email Address:					
May we contact you at work? Yes No	_				
Address:					
City:	Province:		Postal	Code:	
Are you a member of the National Payroll Institute?	Yes	No			
Information about the National Payroll Institu		are fil	ing a cor	nplaint a	about
Information about the National Payroll Institu	NPI Number		ing a cor		
	NPI Number (if available)				
First Name	NPI Number (if available)				
First Name Last Name:	NPI Number (if available) Email Address:				
Last Name: Phone:	NPI Number (if available) Email Address: Suite Number:				
First Name Last Name: Phone: Address:	NPI Number (if available) Email Address: Suite Number:				
First Name Last Name: Phone: Address: City:	NPI Number (if available) Email Address: Suite Number:				
First Name Last Name: Phone: Address: City: Additional information What is your relationship to the National Payroll Institute	NPI Number (if available) Email Address: Suite Number: Province:		Postal	Code:	
First Name Last Name: Phone: Address: City: Additional information	NPI Number (if available) Email Address: Suite Number: Province:		Postal	Code:	

		gs that have commenced or are intended at about either by yourself or anyone else			
No	Yes (if yes, please give details re: name of Court or tribunal, status and/or outcome?)				
Your	complaint				
location word do	on which specific events occ cument. his information will be provident.	Please include a chronological history of turred. If more space is required, please in	ber you are filing a complaint about.		
	Date and Time	Location	Incident / Event		
	RTANT NOTE: You are rec Institute's Rules of Profession	quired to provide evidence to support any nal Conduct.	allegations of a breach of the National		
section o		ding and provide copies of the document onduct has been breached then the suppopports.			
		National Payroll Institute member you ar will be requested at a later date.	e filing a complaint about. Do not send		
	·	·			

Your complaint (continued)	
Please list the name(s) and contact information information.	on of any witness or anyone who may be able to provide further
provide a financial remedy to the complainar	your complaint? Note: The National Payroll Institute has no authority to nt; therefore the Code of Professional Conduct cannot award any at dictate whether an individual shall be rehired once they have been
Acknowledgement, consent and sig	gnature
I have read and I understand the following:	
 receives from me and other parties w I agree to the National Payroll Institute receives from me with the National I I understand that the National Payrol 	Il Institute will share some or all of the information and documents it with the certified National Payroll Institute member complained about. The payroll Institute member complained about. Il Institute may not be able to process my complaint without supporting of documents that relate to my complaint.
Date signed	Signature of Complainant
Note: If you are filing this complaint for ano	other person who was the party directly affected by the National Payroll

Note: If you are filing this complaint for another person who was the party directly affected by the National Payroll Institute member's conduct, we may need a signed authorization from this other person in order to proceed with the complaint.

If you have any questions about how to file your complaint, please send an email to the Certification Department at: certification@payroll.ca.