FORMAL COMPLAINT — HOW TO USE THIS, AND WHERE TO SEND IT

AISH / ADAP transition · corrected routing · Version 1.0, September 2026 (Classification: Public)

WHAT THIS FORM IS FOR

This is a formal written complaint about how you were treated by the AISH or ADAP program — a wrongful denial or reduction, a transfer without individual reassessment, a refusal to give written reasons, a failure to accommodate, an unreasonable delay, a denial of review rights, discrimination, a breach of procedural fairness, or a failure to follow published policy.

A complaint is not an appeal. An appeal challenges a decision through a panel with its own deadlines. A complaint challenges conduct and process, and it goes to the people responsible for oversight. You may need both, and filing one does not file the other.

The form says it and it is true: you do not need a lawyer. You need documentation and persistence.

BEFORE YOU FILL THIS OUT

The email address printed inside this form for the program is out of date. The form lists *adap@gov.ab.ca* in Section 4 and again in the contact directory. That inbox is no longer in service. Do not rely on it — use the zone inbox for where you live, listed in the next section. This is the single most important thing on this page.

Keep a copy of everything before you send anything. The form, every document attached, and every sent email. Screenshot your sent folder. A complaint you cannot prove you sent is a complaint that did not happen.

Ask for a written reply to each point. Say so in the complaint itself. A general acknowledgement is not a response to the specific things you raised.

Write down the date, time and name for every verbal interaction you are complaining about. Names of workers where you have them. This is the part people wish they had done afterwards.

WHAT EACH SECTION IS ASKING FOR

In plain terms, section by section. You do not have to read it all — find the part you are stuck on.

Section 1 — Complainant information

Your name, date of birth, city, postal code, email, phone, and your AISH client or file number if you know it. The file number is what attaches the complaint to your record rather than leaving it floating.

Section 2 — Who the complaint is about

The caseworker, office or decision-maker if you know them, the office or program, the date of the incident or decision, any reference or case number, and the date on the decision letter. Dates do most of the work here.

Section 3 — Grounds

Eleven tick boxes covering wrongful denial or reduction, transfer to ADAP without individual reassessment, no written reasons, failure to accommodate, an unresponsive caseworker, unreasonable delay, denial of appeal or review rights, discrimination, breach of procedural fairness, failure to follow published policy, and other. Tick everything that applies — complaints are often about several things at once and ticking one narrows what gets looked at.

Section 4 — Where you are sending it

Tick every recipient you are sending to. See the routing note below before you use the addresses printed here.

Section 5 — Statement of facts

What happened, in order, with dates, names, what was said or decided, and how it affected you. Chronological beats thematic. Then a separate box for direct effects — financial, medical, housing, mental health, family.

Section 6 — Evidence and documentation

Tick what you hold and are attaching: approval letters, the written decision complained of, correspondence with the program, bank statements, screenshots, your own notes of verbal interactions, recordings. **Keep originals and submit copies only.**

WHERE THIS GOES AFTER YOU SIGN IT

Use your zone inbox for the program, not the address printed on the form.

North: **northzoneaish@gov.ab.ca** · 1-888-644-1802. Central: **aish.centralregion@gov.ab.ca** (note the dot) · 1-833-698-9959. Calgary: **calgaryaish@gov.ab.ca** · 1-866-334-6950. South: **southaish@gov.ab.ca** · 1-833-382-4081. The last of those is the South line only and is not a province-wide number.

Oversight bodies, for the things the program cannot mark its own homework on.

The Alberta Ombudsman for administrative fairness. The Alberta Human Rights Commission where the complaint is about discrimination. Confirm the current address for each on their own website before sending, because directory entries go stale and this one already has.

Political and external recipients.

The Minister of Assisted Living and Social Services at alss.minister@gov.ab.ca; your MLA and MP from the directory in the form; and the other external recipients listed there if you choose. Sending to several at once is deliberate and it is allowed.

Optionally, the campaign — as a copy, never instead.

albertadisabilitybreakdown@outlook.com, only if you want it counted in the documented record. ADSB cannot file your complaint for you and a copy sent to us achieves nothing on your file.

WHAT HAPPENS NEXT

Expect an acknowledgement first. That is not an answer. You asked for a written reply to each point; hold that line in your follow-up.

If nothing arrives, follow up in writing and reference the original date. A documented chase is worth as much as the original complaint when an oversight body later asks what happened.

A complaint does not pause a deadline. If there is an appeal window running on a decision, it keeps running while the complaint is considered. Check the dates on your decision letter and do not let one substitute for the other.

WHAT NOT TO DO

Do not send it to adap@gov.ab.ca. That inbox is out of service. Use your zone address.

Do not send original documents. Copies only. Originals do not come back.

Do not write it while furious and send it the same hour. The chronology is the weapon here, and anger tends to scramble chronology. Write it, sleep, check the dates, send it.

Zone contact addresses verified against the campaign contact canon, August 2026. Confirm oversight-body addresses on their own sites before sending. General information, not legal advice.

FORMAL COMPLAINT TEMPLATE

Alberta Disability System Breakdown | AISH / ADAP Transition | July 1, 2026

Free to Share -- Free to Submit

BEFORE YOU SUBMIT THIS COMPLAINT

1. Keep a copy of everything -- this form, every document attached, and every sent email. Screenshot your sent folder.
2. Request a written response. State clearly that you require a written reply to each point raised.
3. Note the date and time of all verbal interactions. Names of workers if possible.
4. You do not need a lawyer to file this complaint. You need documentation and persistence.

SECTION 1 -- COMPLAINANT INFORMATION

Full Legal Name:

Date of Birth (YYYY-MM-DD):

City / Town:

Postal Code:

Email Address:

Phone Number:

AISH Client / File Number (if known):

SECTION 2 -- WHO IS THIS COMPLAINT ABOUT?

Name of caseworker, office, or decision-maker (if known):

Office / Department / Program:

Date of incident / decision:

Reference / Case #:

Decision letter date:

SECTION 3 -- GROUNDS FOR COMPLAINT (CHECK ALL THAT APPLY)

- [ ] Wrongful denial or reduction of AISH benefits
- [ ] Wrongful transfer to ADAP without individual reassessment
- [ ] Failure to provide written reasons for a decision
- [ ] Failure to accommodate disability in service delivery (e.g. phone-only access)
- [ ] Inaccessible or unresponsive caseworker
- [ ] Unreasonable delay in processing application or review
- [ ] Denial of appeal or review rights
- [ ] Discrimination on the basis of disability
- [ ] Breach of procedural fairness
- [ ] Failure to follow published program policy or legislation
- [ ] Other (describe in Section 5)

SECTION 4 -- SUBMIT THIS COMPLAINT TO (CHECK ALL THAT APPLY)

- [ ] AISH / ADAP Program -- adap@gov.ab.ca
- [ ] Alberta Ombudsman -- info@ombudsman.ab.ca
- [ ] Alberta Human Rights Commission -- humanrights@gov.ab.ca
- [ ] Minister Nathan Neudorf -- alss.minister@gov.ab.ca
- [ ] My MLA (see Contact Directory)
- [ ] My MP (see Contact Directory)
- [ ] Office of the Advocate for Persons with Disabilities
- [ ] UN Special Rapporteur on Disabilities -- ohchr-sr-disabilities@un.org

SECTION 5 -- STATEMENT OF FACTS

Describe exactly what happened, in chronological order. Dates, names, what was said or decided, and how it affected you.

Chronological account of events:

How has this decision or action directly affected you? (financial, medical, housing, mental health, family):

SECTION 6 -- EVIDENCE AND DOCUMENTATION

Check all documents you have and are attaching. Keep originals. Submit copies only.

- ☐ AISH approval letter or eligibility confirmation
- ☐ Written decision or notice being complained of
- ☐ Correspondence with caseworker or AISH/ADAP program
- ☐ Audio recording(s) of relevant interactions
- ☐ Medical assessment or physician letter
- ☐ Bank statements or financial records
- ☐ Screenshots of online account or correspondence
- ☐ Notes or log of verbal interactions (dates, names, content)
- ☐ Other documentation (describe in Section 6)

Describe any other evidence or documentation:

SECTION 7 -- RELIEF SOUGHT (WHAT OUTCOME ARE YOU ASKING FOR?)

- [ ] Reinstatement of AISH benefits at prior amount
- [ ] Reversal of transfer to ADAP
- [ ] Written reasons for the decision complained of
- [ ] Individual reassessment by an independent assessor
- [ ] Accommodation of my disability in all future service interactions
- [ ] Formal acknowledgement of the error and written apology
- [ ] Referral to independent review (Citizens Appeal Panel equivalent)
- [ ] Systemic review of ADAP transition policies
- [ ] Other (describe in Section 7)

Other relief sought (describe):

SECTION 8 -- PRIOR ATTEMPTS TO RESOLVE

Have you previously contacted the program, caseworker, or supervisor about this issue?

☐ Yes ☐ No ☐ Attempted but no response

Describe prior attempts and outcomes:

SECTION 9 -- DECLARATION AND SIGNATURE

I declare that the information provided in this formal complaint is accurate and truthful to the best of my knowledge. I understand that this complaint may be forwarded to the relevant authority, organization, or oversight body. I consent to this complaint being used as part of a systemic record of AISH/ADAP program administration. I have retained copies of this complaint and all attached documentation.

Signature (type full name)

Date (YYYY-MM-DD)

SECTION 10 -- WHAT HAPPENS AFTER YOU SUBMIT

AISH / ADAP Program
Send to adap@gov.ab.ca. Request written confirmation of receipt. Follow up in 14 days if no response.

Alberta Ombudsman
The Ombudsman investigates after a formal program decision is made. Submit here to document the record.

Alberta Human Rights Commission
File a complaint at albertahumanrights.ab.ca. Grounds: physical disability, personal situation, family status.

Your MLA / MP
Forward a copy with a cover note. Ask for written confirmation they received it and will raise it.

The Alberta Disability System Breakdown Group
Share your experience (anonymously if preferred). Every story is evidence. facebook.com/share/g/1CrU5PfHha/

CONTACT DIRECTORY -- KEY EMAILS

AISH / ADAP Program
adap@gov.ab.ca

Alberta Ombudsman
info@ombudsman.ab.ca

Alberta Human Rights Commission
humanrights@gov.ab.ca

Office of the Advocate for Persons with Disabilities
advocate.disabilities@gov.ab.ca

Minister Nathan Neudorf
alss.minister@gov.ab.ca

Premier Danielle Smith
premier@gov.ab.ca

Federal Disability Minister
hc.ministre-minister.sc@hc-sc.gc.ca

HUMA Standing Committee
HUMA@parl.gc.ca

UN Special Rapporteur on Disabilities
ohchr-sr-disabilities@un.org

Voice of Albertans with Disabilities (VAD)
vad@vadsociety.ca

Inclusion Alberta
mail@inclusionalberta.org