

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: | <input type="text"/> | Date of Birth (YYYY-MM-DD): | <input type="text"/> |
| City / Town: | <input type="text"/> | Postal Code: | <input type="text"/> |
| Email Address: | <input type="text"/> | Phone Number: | <input type="text"/> |
| AISH Client / File Number (if known): <input type="text"/> | | | |

SECTION 2 -- WHO IS THIS COMPLAINT ABOUT?

| | | |
|---|----------------------|-----------------------|
| Name of caseworker, office, or decision-maker (if known): <input type="text"/> | | |
| Office / Department / Program: <input type="text"/> | | |
| Date of incident / decision: | Reference / Case #: | Decision letter date: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 Jason Nixon -- rimbey.rockymountainhouse.sundre@assembly.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.

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

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 Jason Nixon

rimbey.rockymountainhouse.sundre@assembly.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