



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

Professional Conduct Complaint Form

This form may be used to submit a professional conduct Complaint to the Architectural Institute of British Columbia (the “AIBC”). Using this form is not necessary, but may be of assistance in formulating a Complaint and ensuring that the AIBC receives sufficient information to determine how to proceed next in the Complaint process. It is not necessary to fill out the entire form if some information is not known. Please read the guidelines for the Complaint process, available online at aibc.ca/protecting-the-public/professional-conduct prior to completing this form.

When complete, please send the form with signature and date, along with accompanying documentation, to complaints@aibc.ca or by mail to:

Architectural Institute of British Columbia
Attn: Director of Professional Conduct
100 – 440 Cambie Street
Vancouver, British Columbia V6B 2N5

1. Complainant Information (Information about You):

Name _____
Address _____
City, Prov., Postal Code _____
Phone (work) _____ (home) _____ (cell) _____
Email _____
Name of Business (if applicable) _____
Are you a: <input type="checkbox"/> Client <input type="checkbox"/> Builder / Contractor / Subtrade <input type="checkbox"/> Planning or Building Official <input type="checkbox"/> AIBC Registrant - Architect, Intern Architect, Firm, Architectural Technologist, etc. <input type="checkbox"/> Other (please specify) _____

2. Registrant Information - Architect, Intern Architect, Architectural Technologist, Retired Architect, Firm or Temporary Licensee (Architect) (Subject of the Complaint):

Name _____
AIBC Registrant category (e.g., Architect, Intern Architect, Firm, etc.) _____
Address _____
City, Prov., Postal Code _____
Phone (work) _____ (home) _____ (cell) _____
Email _____
Name of Firm or Business _____

3. Background to the Complaint:

Is this Complaint related to a particular building or Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Address _____		
City, Prov., Postal Code _____		
Size of Project (square footage or meterage) _____		
Type of Project (i.e., residential, commercial, industrial, etc.) _____		

4. Complaint Details:

Please provide a detailed summary and timeline of the Complaint in the space below or attached as a separate document. Please include the circumstances leading up to the Complaint, important dates, and any behaviour or inaction you believe may constitute a breach of either the [Professional Governance Act](#), [Architects Regulation](#), [AIBC Bylaws](#) or [Schedule A: Code of Ethics and Professional Conduct](#) (“Code of Ethics”). Point form is acceptable.

5. Possible Breaches of the *Professional Governance Act, Architects Regulation*, AIBC Bylaws, or Code of Ethics:

The AIBC is authorized to investigate breaches of the *Professional Governance Act, Architects Regulation*, AIBC Bylaws, and Code of Ethics, which contains the relevant Professional Standards.

If possible, please indicate which sections of the *Professional Governance Act, Architects Regulation*, AIBC Bylaws, and/or Code of Ethics you think may apply to this Complaint.

6. Documentation:

Please attach a copy of the Client-Architect Contract / Fee Proposal, as well as copies of any other documents that are relevant to this Complaint. In addition, please include a brief description of each document and the purpose for which it is provided.

1. Client-Architect Contract / Fee Proposal: ☐ Yes ☐ No ☐ Not Applicable

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

7. Legal Proceedings:

Have any legal proceedings been initiated in relation to this Complaint? ☐ Yes ☐ No

If yes, please provide details of the legal action taken, by whom, against whom, and the current status. If you are represented by legal counsel, please provide their name and contact information.

8. Desired Outcome:

Please note the AIBC does not have the authority to order any of its Registrants to pay damages or other compensation.

What do you hope will happen as a result of this Complaint?

9. Additional Information:

Is there anything else that you would like us to know about this Complaint?

Acknowledgement and Signature

By signing below, I confirm that I have read and understand the following:

1. Material sent to the AIBC, including this form and supporting documentation, or parts of it, will normally be copied to the person who is the subject of the Complaint.
2. The information on this form is used to process the Complaint. AIBC records, including this form, may be subject to disclosure under the *Freedom of Information and Protection of Privacy Act*.
3. The AIBC does not have authority to determine liability or fault, nor to order any party to pay damages or make restitution. For information about civil remedies, please consult a lawyer.
4. The AIBC may, in its discretion, contact any third parties, whether named in this Complaint or not, who may have information relevant to this Complaint and any investigation that follows.

Signature of Complainant

Date Signed

COLLECTION NOTICE:

The information on this form is collected under the authority of AIBC Bylaws under the Professional Governance Act, S.B.C. 2018, c. 47. The information may be used during the complaint intake, investigation and discipline processes. If you have questions about the collection and use of this information, please contact the AIBC's Professional Conduct and Illegal Practice department by phone at 604.683.8588 or by email at complaints@aibc.ca. As a public body under the provisions of the Freedom of Information and Protection of Privacy Act, the AIBC provides security and confidentiality of your personal information.