1. This *Complaint Initiation and Request Form* is to be completed by ordering parties (including court staff) who are unable to resolve an issue directly with an authorized court transcriptionist (ACT) and would like to submit a complaint for review.

1. Prior to submitting a complaint, please ensure you review the following resources on the [Resource section of the Authorized Court Transcriptionists for Ontario website](https://courttranscriptontario.ca/en/resources/):
	* The ACT Standards
	* The ACT Complaint System Q&A document
	* The ACT Complaint System Process
2. Arkley will screen all complaints that are submitted. However, please note the following:

	* a substantive review will only be performed on **in-scope complaints**.
	* out-of-scope complaints will be dismissed.
3. **In-scope complaints** mean an incident which:
4. Occurred:

	1. on or after March 8, 2024; and
	2. within the last 12 months from the date of the complaint.
5. Is in relation to an ACT’s failure to adhere to the ACT Standards, which includes:
	1. the quality of transcripts produced by an ACT of a court proceeding conducted in the SUPERIOR COURT OF JUSTICE and/or the ONTARIO COURT OF JUSTICE. The proceedings must be of an appeal, civil, criminal, family, or small claims court matter; and
	2. an ACT’s conduct during their dealings with their ordering party (and/or court staff) in relation to producing transcripts.
6. In-scope complaints may be dismissed if there is not enough information provided as part of the complaint and/or the complaint cannot be substantiated as part of the substantive review process.
7. The completed *Complaint Initiation and Request Form*, along with any other supporting materials must sent to Arkley Professional Services via email to complaints@courttranscriptontario.ca

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| 1. **Complainant Information**
 |
| **Name:** | Click here to enter text. |  | **Contact Information:** | Click here to enter text. |  |
|  | *(email)* |  |
| **Complainant Type:** | [ ]  Ordering Party  | [ ]  Court Staff | **Date of Complaint Submission:** | Select date from dropdown. |  |  |
|  |
| 1. **Details of the Complaint**
 |
| **Name of Authorized Court Transcriptionist (ACT) to which this complaint is being made:** | Click here to enter text. |  |
| **Have you tried to resolve the issue with the ACT?** | [ ]  **Yes** | [ ]  **No** |  |
| *\*\*\* You should only be submitting a complaint if you are unable to resolve the issue with the ACT directly. Please try to resolve the issue with the ACT first before submitting a complaint \*\*\** |  |
|  |  |
| **If you answered Yes to the above, explain what happened:** | Click here to enter text. |  |
|  |  |  |
| **If you answered No to the above, explain why:**  | Click here to enter text. |  |
| **Complaint Type:** | [ ]  Transcript Quality  | [ ]  Conduct |  |
|  | If your complaint relates to transcript quality, please complete Section **3 (a)** below (“Details of the Transcript Quality Issue”). Complainants are expected to provide documentation to support such complaints.  | If your complaint relates to an ACT’s conduct, please complete Section **3 (b)** below (“Details of the ACT Conduct Issue”). Complainants are expected to provide documentation to support such complaints. |  |
|  |
| **For Internal Use Only:** | Do not complete. For internal use only. |

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| **3 (a). Details of the Transcript Quality Issue** |
| **Date Transcript Ordered:** | Select date from dropdown. |  |  |
| In the table below, please itemize and provide the exact details of the transcript quality issue(s). Please note, that the scope of review is limited to only the issues the complainant identifies. **Note:** Complainants **must** provide a copy of the transcript in question for complaints regarding transcript quality. See the *Supporting Materials to Support the Complaint* section below (Section 4).  |  |
|  |  |
| **Location of Error(s) in Transcript** |  | **Description of Error(s)** |
|  | **Page # (s)** |  |  | **Line # (s)** |  |
| 1. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 2. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 3. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 4. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 5. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 6. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 7. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 8. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 9. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 10. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 11. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 12. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 13. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 14. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
| 15. | Click here to enter text. |  |  | Click here to enter text. |  | Click here to enter text. |  |
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| **For Internal Use Only:** | Do not complete. For internal use only. |

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| **3 (b). Details of the ACT Conduct Issue** |
| **Date of Incident:** | Select date from dropdown. |  |  |
|  |
| **Describe what ACT Standard(s) you think the ACT did not comply with.** | Click here to enter text. |  |
|  |
| **Describe in detail the incident(s) that gave rise to the complaint.** | Click here to enter text. |  |
|  |
| **Describe the impact of the incident(s).** | Click here to enter text. |  |
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| **For Internal Use Only:** | Do not complete. For internal use only. |

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| 1. **Supporting Materials to Support the Complaint**
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| Check and complete all that apply. Please ensure you attach the supporting materials at the time of submission.  |
| [ ]  | Individual(s) who can corroborate the complaint: |  |
|  | Name of Individual: | Click here to enter text. | Contact Information for the individual: | Click here to enter text. |  |
|  |
| Explanation for how such individual can corroborate the complaint: | Click here to enter text. |  |
| **Supporting Documentation to Support the Complaint** (e.g.,emails, voice messages, proof of payment, etc.) |  |  |
| [ ]  | Transcript produced by the ACT (mandatory for complaints about transcript quality). |  |
| [ ]  | Completed transcript order form completed by you and the ACT (mandatory for complaints about transcript quality). |  |
| [ ]  | Type & Description: | Click here to enter text. |  |
| [ ]  | Type & Description: | Click here to enter text. |  |
| [ ]  | Type & Description: | Click here to enter text. |  |
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| **For Internal** **Use Only:** | Do not complete. For internal use only. |
| 1. **Declaration**
 |
| By submitting this complaint, I declare that the information is accurate and true to the best of my knowledge.  |
|  |  |  |  |  |
|  | Click here to enter text. |  |  |  |
|  | *Name (include FIRST and LAST)* |  |  |  |
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