

投訴表格 B (有關註冊言語治療師)  
**Complaint Form B (About Registered Speech Therapist)**

**注意事項 Notes**

- A. 此投訴表格乃根據《香港言語治療師公會處理對本會的投訴之程序》(文件編號: HKIST-B-CHP-v2) 第6條規定的指明表格。所有投訴須以此指定表格提出。  
This specified Complaint Form is prescribed under section 6 of the Procedures for Handling of Complaints against Hong Kong Institute of Speech Therapists (document code: HKIST-B-CHP-v2). All complaints must be lodged in this specified form.
- B. 閣下須以正楷清晰地填妥投訴表格內各欄目，並提供正確無訛的資料。如此表格不敷應用，請將有關資料詳列於補充紙張，並隨投訴表格一併提交或透過電郵[info@hkist.org.hk](mailto:info@hkist.org.hk)提交電子文書檔案。  
You are required to fill in the various fields of the Complaint Form in a clear and legible manner and provide accurate and true information. You may add sheet(s) and attach it to this Form or submit an electronic word file via email [info@hkist.org.hk](mailto:info@hkist.org.hk) if the space of this form is insufficient.
- C. 請於投訴表格提供閣下的個人資料。凡匿名、或投訴人的身份不能識別、或投訴人的下落不能追查、或投訴表格尚未填妥的投訴，香港言語治療師公會概不受理。  
Please provide your personal particulars in the Complaint Form. Hong Kong Institute of Speech Therapists shall not deal with any complaint that is made anonymously, or when the complainant cannot be identified or traced, or if the form is not duly completed.
- D. 閣下所提供的資料，將只用於處理投訴程序上。所有資料絕對保密。  
The information provided will only be used in the processing of the complaint. The information will be kept in strict confidence.
- E. 如閣下對填寫此表格有任何問題或需要協助，請電郵至 [info@hkist.org.hk](mailto:info@hkist.org.hk) 聯絡香港言語治療師公會秘書處。  
If you have any questions or need assistance in filling out this Form, please contact the Secretariat, Hong Kong Institute of Speech Therapists via [info@hkist.org.hk](mailto:info@hkist.org.hk).

甲部: 投訴人資料

Part I: Particulars of Complainant

姓名 (先生/女士)

Name (Mr./ Ms.) : \_\_\_\_\_

聯絡電話號碼

Contact Phone No. : \_\_\_\_\_

電郵地址 (如有)

Email Address (if any) : \_\_\_\_\_

聯絡地址 Correspondence Address:

你是不是代表別人投訴?\*

是 Yes / 不是 No

Are you complaining on someone else's behalf? \*

\*請刪去不適用者 *please delete the inappropriate*

乙部 : 被投訴註冊言語治療師的資料

Part II : Particulars of Registered Speech Therapist being complained

被投訴註冊言語治療師姓名

Name of Registered Speech Therapist Being Complained:

受僱機構

Employing Agency :

如閣下知悉被投訴註冊言語治療師的聯絡方法，請於以下空位填寫：

If you have the contact information of the Registered Speech Therapist being complained, please provide it in the following blanks:

聯絡電話號碼

Contact Tel. No:

聯絡地址 Correspondence Address:

丙部：投訴內容

Part III : The Complaint

- 閣下必須確切知悉欲投訴事項的詳情，並提供該等事件發生的日期。  
You must have actual knowledge of the alleged offence being complained of and give the date(s) when the complained event(s) occurred.
- 閣下必須把投訴的內容分段填寫，並以數目字順序標示每一段落，每一段落應盡可能只包含一項投訴。若閣下因將兩項或更多投訴事項放在同一段落之內，而引致香港言語治療師公會在處理該段投訴事項時有任何遺漏，香港言語治療師公會概不負責。  
You must put down the content of the complaint in separate paragraphs and number the paragraphs consecutively. Each paragraph must so far as convenient contain one complaint only. Where there are two or more complaints incorporated in one single paragraph, Hong Kong Institute of Speech Therapists shall not be held responsible for any omission of dealing with more than one complaint in one paragraph.

本人 現向香港言語治療師公會作出投訴，詳情如下：

I hereby lodge a complaint to Hong Kong Institute of Speech Therapists. Details of the complaint are as follows:

投訴事件發生的日期 Date when the alleged incident being complained occurred

\_\_\_\_\_

投訴事件發生的地點 Place where the alleged incident being complained occurred

\_\_\_\_\_

主要投訴事項 Major issue(s) to complain

投訴事件的詳細始末 Details of the alleged incident being complained

支持有關投訴的證明文件（請在適當方格畫上 ✓ 號）：  
Supporting document(s) of the complaint (Please ✓ as appropriate):

有，請參考附件

Yes, please refer to the attachment(s)

沒有

No

丙部：聲明及同意

Part III : Declaration and Consent

- 本人謹聲明上述資料正確無訛。  
I declare that the information provided by me in this form is true and correct to the best of my knowledge.
- 本人同意此投訴及所提供的資料，將交由香港言語治療師公會的專業委員會審閱，並在適當的情況下，將用於所有相關之投訴處理及 / 或紀律處分程序上。  
I agree that this complaint and the supportive information provided would be examined by the Professional Committee of Hong Kong Institute of Speech Therapists and, where appropriate, would be used in all relevant complaint handling and/or disciplinary procedures

\_\_\_\_\_  
投訴人姓名

Name of Complainant

\_\_\_\_\_  
投訴人簽署

Signature of Complainant

\_\_\_\_\_  
日期 Date

#### 個人資料收集聲明:

1. 你向香港言語治療師公會提供的個人資料是自願性質。
2. 你所提交的所有個人資料將僅用於與你的投訴直接相關的事宜,並可能披露給有權出於相同目的接收資訊的機構。
3. 你有權根據《個人資料(隱私)條例》要求和更正你在表格中提交的個人資料。如索取或更正個人資料,應以書面電郵至 [info@hkist.org.hk](mailto:info@hkist.org.hk) 提出。

#### 條款及細則:

1. 你向香港言語治療師公會提供的個人資料及其他資料屬自願性質。本會有權要求你提供遺漏的資料或其他本會認為需要的資料。如你未能提供所需資料,本會或未能進一步處理相關投訴。
2. 如投訴人並非相關投訴的服務使用者,本會有權要求投訴人提供書面解釋相關投訴的服務使用者未能親自提出投訴的原因、相關投訴的服務使用者授權投訴人代他/她提出相關投訴的書面授權及投訴人與相關投訴的服務使用者的關係證明等。
3. 如投訴人或相關投訴的服務使用者未滿 18 歲,投訴人或相關投訴的服務使用者的父母或法定監護人必須陪同投訴人或相關投訴的服務使用者協助投訴處理。
4. 如你有就相關投訴向其他機構提出投訴,本會有權向你索取向該機構提出相關投訴的資料、進度及結果。

#### PERSONAL INFORMATION COLLECTION STATEMENT:

1. The provision of your personal data to the Hong Institute of Speech Therapist (HKIST) is voluntary.
2. All personal data submitted will only be used for purposes which are directly related to your complaints, and may be disclosed to agencies who are authorised to receive information for the same purposes.
3. You have the right to request access to and correction of your personal data submitted in this complaint form in accordance with the Personal Data (Privacy) Ordinance. Request for access or correction of personal data should be made in writing to [info@hkist.org.hk](mailto:info@hkist.org.hk).

#### TERMS and CONDITIONS

1. The provision of your personal data and other information to the HKIST is voluntary. The HKIST reserves the right to request any incomplete information or any information the HKIST thinks fit. Should you fail to provide the requested information, the HKIST may not proceed with the complaint handling procedure.
2. Should the complainant be not the service user in the complaint, the HKIST reserves the right to request the complainant to submit a written explanation of the reasons the service user in the complaint not filing the complaint in person, the authorisation letter from the service user in the complaint authorising the complainant to file the complaint on his/her behalf and the evidence of the relationships between the complainant and the service user in the complaint.
3. Should the complainant or the service user in the complaint is under the age of 18 years old, the parent or the legal guardian of the complainant or the service user should accompany the complainant or the service user in the complaint during the complaint handling.
4. Should the complaint be filed to any other organizations, the HKIST reserves the right to request you to provide the information, progress and results of the complaint filed to those organizations.