UK Association for Humanistic Psychology Practitioners

# Complaint Disclosure Form *(Registrants)*

# Introduction

The UKAHPP maintain high standards of practice for professionals (registrants) on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors.* However, there are times when *registrants* may fall short of these standards and in the interest of public protection it may be necessary to make a formal complaint.

All complaints about the practice of a UKAHPP registered *Psychotherapist* or *Psychotherapeutic Counsellor* under the *UKAHPP Complaints Procedure* are to be submitted on a *Complaint Disclosure Form* (available on line). Please do not use this form for *Organisational Complaints* about services provided by the *UKAHPP* as an organisation. The information provided will help the *UKAHPP* to conduct a fair and impartial investigation. It can be completed by hand or sent by email to the *UKAHPP General Secretary* at the published address. Please contact the *UKAHPP Administrator* if you have queries at [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk) or phone 0843 2895907.

**1. Your Contact Details:**

Please provide the following information so we can process your complaint and let you know what happens next. The information you provide will be held in confidence under Data Protection requirements.

|  |  |
| --- | --- |
| **First Name:** |  |
| **Second Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Daytime Phone Number:** |  |
| **Email Address:** |  |

**2. Registrant’s Details:**

Please provide the name and address of the *registrant* you are making a complaint.

|  |  |
| --- | --- |
| **Registrant’s Name:** |  |
| **Address:** |  |

**3. Nature of the Complaint:**

Please provide as much information as you can about the nature of your complaint, including details of your relationship with the *registrant,* how long you have known them and an outline of occurrences, where and when they took place and whether there were any witnesses – plus any other relevant information.

|  |
| --- |
| *Continue on a separate sheet as necessary*  *Please enclose copies of any documents you wish to submit in support of your complaint and any correspondence you have had with the therapist in relation to the complaint.* |

**4. Supporting Documents**

*Please enclose copies of any documents you wish to submit in support of your complaint and any correspondence you have had with the therapist in relation to the complaint. Please number each document so they can be easily identified.*

|  |  |
| --- | --- |
| ***Document Number*** | ***Description*** |
|  | *Continue on a separate sheet as necessary* |

**5. Other Agencies:**

If you have reported this matter to any other organisation such as the NHS, the practitioner’s employer or the Police, please give details of where you have reported to and when, with details of how it has progressed and copies of any letters you have written or received:

|  |
| --- |
| *Continue on a separate sheet as necessary* |

**6. Declaration Disclosure Consent:**

In order to progress your complaint we need your consent to disclose the information you have given to the *registrant* you are complaining about, their representative and investigation officers. It may also be necessary to inform their employer and other agencies if circumstances dictate. Please sign and date the following declaration.

|  |  |  |
| --- | --- | --- |
| ***DECLARATION***  *I would like to formally submit a complaint under the ‘UKAHPP Complaints Procedure’ against the ‘Registrant’ named above and confirm that to the best of my knowledge the information contained in this form is accurate.*  *I also consent to the UKAHPP using in accordance with the ‘UKAHPP Complaints Procedure’ any information I have provided or may provide in relation to complaint and understand that:*   * *The UKAHPP will share the information I have provided, which may be of sensitive nature, with the named ‘Registrant’.* * *The UKAHPP will share with me information received from the named ‘Registrant’ in response to my complaint, which may also be of a sensitive nature.* * *The UKAHPP has a legal and regulatory obligation to inform other agencies, including the police, of complaints where there is a significant threat to public protection and where there are indications that a criminal offence has been or may be committed.* * *The UKAHPP will hold all documentation in relation to this complaint in accordance with Data Protection regulations and will be deleted after 5 years.*   *I am open to the possibility of using Mediation to address my complaint with the named ‘Registrant’:*   |  |  | | --- | --- | | *Please answer* ***‘Yes’*** or ***‘No’*** |  |   I agree to abide by the UKAAHPP Complaints Procedure and understand that I am not to have any contact (*face-to-face, electronic, written, oral or otherwise*) with the named *’Registrant’* for the duration of proceedings, other than contact warranted by the *Complaints Procedure* or authorised by the UKAHPP.    **\*Signed: Date:**  *\* Electronic facsimile acceptable.*  ***Note:*** *Full data protection information is available on the Information Commissioners Office website* |

**7. Submitting Your Complaint:**

Thank you for taking the time to complete this form. The information provided will make it easier for UKAHPP to process your complaint. After signing and dating the declaration you send you completed form and any supporting documents to:

**By Post:**

**The UKAHPP General Secretary**

**Box BCM AHPP**

**27 Old Gloucester Street**

**LONDON**

**WC1N 3XX**

**OR**

**By email as a *PDF* or *Word* attachment to:** [**admin@ahpp.org.uk**](mailto:admin@ahpp.org.uk)

Please mark the form *‘confidential’* for the attention of the *UKAHPP General Secretary* and ensure you print your name in the *‘subject’* window of the email.

**8. Next Step:**

The *UKAHPP General Secretary* will contact you within *14 days* of receiving the complaint to let you know what happens next.

**Version Control:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Status** | **Description** | **Date Completed** |
| 1.1 | Agreed | First draft | 2018/06 |