**Ethics and Conflict Resolution Committee**

**Complaint Form**

Before completing this form, please read the document

“*Filing a complaint with the ISST”,*

 *which is found in this Ethics sub-division of the ISST website*

**Complainant** *(Person making the complaint)*

|  |  |
| --- | --- |
| *Title and name* | *Postal address* |
|  |  |
| *Organization* | *Position/title* |
|  |  |
| *Your**contact**details* | *email* |  |
| *Telephone (landline)* |  |
| *Cell/mobile* |  |

**Respondent** *(Person about whom the complaint is being made)*

|  |  |
| --- | --- |
| *Title and name* | *Postal address* |
|  |  |
| *Profession* | *ISST Membership number* |
|  |  |
| *Organization* | *Position/title* |
|  |  |
| *Contact**details* | *email* |  |
| *Telephone (landline)* |  |
| *Cell/mobile* |  |

|  |
| --- |
| **Please tick the relevant box below that applies to you** |
| I am a member of the public who has requested or received a service (assessment and/or therapeutic service) from an ISST member. |  |
| I am making a complaint on behalf of another person who has requested or received a service from an ISST member, with their written permission, because that person is unable to make the complaint themselves. ***Include written permission from the person on whose behalf you are making this complaint and the reasons why this person is unable to make the complaint themselves.*** |  |
| I am a member of the public who is concerned about the behaviour of an ISST member that has affected me personally or in the workplace. |  |
| I am an ISST member who has received a service (training, supervision or therapy) from another ISST colleague who is the respondent for this complaint. |  |
| Other (explain clearly your role or relationship to the respondent). |  |

**Details of your complaint**

**Please submit the following information on a separate page. Note that the Committee might request further documentation from either you the complainant or respondent.**

1. **Explain the nature of your complaint**

Provide a clear and detailed description of what happened, including dates and times where relevant. If there is more than one event, please provide a description of each.

Provide information about where the event(s) took place (e.g., in your home, at a private practice, hospital, or somewhere else)? Provide name(s) and address(es) if possible and where relevant.

Did anyone else witness what happened? Please provide their names and contact details.

1. **Indicate whether you have already taken any steps to resolve the problem.**

Indicate whether you have approached the respondent in an effort to address the complaint and, if you did, what was the outcome.

Indicate whether you have approached any other professional body or organization about this complaint or have considered making such an approach. If you have made such an approach provide information about the steps you took, the contact details of the body to whom you directed the complaint, whether there is an ongoing investigation or, if an outcome has been reached, what has been decided and/or implemented. Please provide all the relevant documents. If there is an ongoing investigation, please inform us of any further developments. Please note that where there is a current investigation by another organization, the Committee may consider it appropriate to wait until the other organization has finished its procedures.

If you have considered approaching another professional body but have decided not to, please explain the reason for this.

1. **Provide supporting evidence or documentation**

Please attach copies of documents or material that support your complaint, for example:

* emails
* a written transcript of an audio recording
* a contract with or letters between you and the respondent
* correspondence between yourself and another organization in which you raised these concerns and how the organization responded

Please ensure that the documents you are submitting are complete and have not been cut and pasted, and that the author of any statement can be clearly identified.

Please ensure you have permission, where relevant, to forward documents to our attention.

**Declaration**

I, (name) , whose personal details are summarised on page 1 of this form, hereby declare that, to the best of my knowledge, the facts and statements I have provided are true, accurate, and complete.

I understand that a copy of my complaint will be shared with the ISST member about whom I have filed the complaint in order to obtain their response.

|  |  |
| --- | --- |
| ***Signature*** | ***Date*** |
|  |  |

Please send your completed form, together with all supporting documents, to the Chair of Ethics & Conflict Resolution Committee: vartouhi.ohanian@gmail.com

*Complaint form updated 17th June 2020*