



International Society of
Schema Therapy

International Society of Schema Therapy Ethics and Conflict Resolution Committee Complaint Form

Before completing this form, please read the document.

“Filing a complaint with the ISST” which is located [here](#)

Complainant (Person making the complaint)

<i>Title and name</i>		<i>Postal address</i>	
<i>Organization</i>		<i>Position/title</i>	
<i>Your contact details</i>	<i>email</i>		
	<i>Telephone (landline)</i>		
	<i>Cell/mobile</i>		

Respondent/Defendant (Person about whom the complaint is being filed)

<i>Title and name</i>		<i>Postal address</i>	
<i>Profession</i>		<i>ISST Membership number</i>	
<i>Organization</i>		<i>Position/title</i>	
<i>Contact details</i>	<i>email</i>		
	<i>Telephone (landline)</i>		
	<i>Cell/mobile</i>		

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. <i>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>	
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 <i>Respondent/Defendant</i> for this complaint.	
Other (explain your role or relationship to the respondent).	

Details of the complaint

Please submit the following information on a separate page. The Ethics and Conflict Resolution Committee (ECRC) may request additional documentation from you or the *Respondent/Defendant*.

I. Explain the nature of the Complaint.

- A. Provide a detailed description of what happened, including dates and times.
- B. 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 contact details of other individuals who were present.
- C. If there is more than one event you wish to present, please be sure to include them on this form, as once the case is closed, the same complaint cannot be raised again.

II. Indicate whether you have already taken any steps to resolve the Complaint.

- A. Indicate if you have approached the ***Respondent/Defendant*** to resolve the Complaint.
- B. Indicate if you have approached another professional body or organization about this complaint.
 - 1. If you have approached another agency or organization, please provide the contact details of the body to whom you directed the complaint, whether there is an

ongoing investigation, and the outcome. Please provide copies of relevant documents.

- C. Please note that where there is a current investigation by another organization, the ECRC may pause its investigation until the other organization has finished its investigation.

III. Provide supporting evidence or documentation.

- A. Please attach copies of documents or material that support your Complaint, for example:
 - 1. Emails.
 - 2. Written transcript of an audio recording.
 - 3. Contract with or letters between you and the **Respondent/Defendant**.
 - 4. Correspondence between yourself and another organization in which you raised these concerns and how the organization responded.
- B. 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.
- C. 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 to obtain their response.

<i>Signature</i>	<i>Date</i>

Please send your completed form, together with all supporting documents, to the Chair of Ethics & Conflict Resolution Committee: ecr@isst-schemasociety.org.