



CAPA NSW COMPLAINT FORM 2013

Postal Address: Suite 134, Level 13, 183 Macquarie Street, Sydney NSW 2000
Telephone: 02 9235 1500 Fax: 02 9235 1501 email: ethics@capa.asn.au

1. This Complaint is about:

- Individual therapist CAPA Member CAPA Accredited Course
- CAPA NSW Supervisee or Supervision of Counselling or Psychotherapy
- Trainer of Counsellors or Psychotherapists

2. Details of person/organisation who has received the service:

Mr/Mrs/Ms/Miss/Dr/Other: _____ Surname: _____

First Name: _____

Name of organisation (if applicable): _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) Mobile: _____

Home Phone: _____ Work Phone: _____

Date of Birth ___/___/_____

Male or Female Organisation

Preferred Language: _____

Interpreter required: Yes No

3. Details of person/organisation who is making this complaint:

As above, I am making the complaint about the service I have received

OR

I am making this complaint on behalf of the person who received the service

OR

I am making a complaint about the service received by another person which has impacted on me/other parties in relationship to the service recipient

OR

As above, complaint by or against an organisation

If so, please complete the following:

Mr/Mrs/Ms/Miss/Dr/Other: _____ Surname: _____

First Name _____

Street Address: _____

Suburb: _____ State: _____ Postcode: ___ ___ ___

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) Mobile: _____

Home Phone: _____

Date of Birth ___/___/_____

Male or Female

Preferred Language: _____

Interpreter required: Yes No

Relationship to person who received the service:

- Parent or guardian of a child under 18 years
- Legal guardian
- Relative (please state) _____
- Health professional
- Consumer advocate
- Member of the public
- Other _____

4. Details of the provider of the service:

Please note: if this complaint is made against an accredited course or CAPA NSW itself, identify the actual person(s) who is the subject of this case, or is the person(s) you have been involved with. Please attach additional information if more space is needed.

Mr/Mrs/Ms/Miss/Dr/Other: _____ Surname: _____

First Name _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Course/Organisation/context in which complaint occurred: _____

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) Mobile: _____

Home Phone: _____

5. Details of the complaint.

Please list the clauses from the Code of Ethics that you believe to have been breached and then attach a more formal and detailed statement providing examples of each breach. Please note that if you have more substantial documentation or evidence to submit, you should indicate that this is available and it can be provided later in the complaints process if required. Your attached statement will be forwarded to the respondent in due course.

6. Have you already tried to address this complaint?

Yes No

If yes, please outline what you have done and the outcome.

If no, please outline why you have not done so.

7. The outcome sought from this complaint:

8. Privacy considerations:

If you make a complaint, personal information about you and the complaint will be collected by CAPA NSW and discussed in the prescribed CAPA Complaints Committee process. All personal information will be treated in accordance with the *Personal Information Protection Act 2004*.

In order to review this complaint, a copy of the formal and detailed statement providing examples of each breach of the CAPA NSW code of ethics will be forwarded to the person(s) named in Section 4, as the provider of the service. In the case of third party complaints, the client recipient of the service will also be notified that a complaint has been lodged.

I agree to a copy of my complaint being sent to the respondent/organisation: Yes No

If you do not wish this to happen, please outline your reasons:

9. Consent and declaration.

Please note: if CAPA NSW deems this complaint to be of a significantly serious nature it will be forwarded to an appropriate external agency such as the Health Care Complaints Commission or the police.

Please complete only ONE of the following:

a. I am the person/organisation who received the service and am lodging this complaint:

Signed: _____

Date: ____/____/____

OR

b. I have the consent of the person who received this service to lodge this complaint as follows.

I _____ (person who received service) give permission to _____ (person making the complaint) to lodge this complaint on my behalf.

Signed _____

Date: ____/____/____

OR

c. I do not have the permission of the person who received this service to lodge this complaint, however, I believe this complaint should be investigated because:

Signed: _____

Date: ____/____/____