Initial Stage Complaint Form ****

Your completion of this form will help us to help you by giving us all the relevant information in one place.

Name - Date -

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| --- | --- | --- |
| 1. Does your potential complaint (PC) concern an NCIP Member?
 | Y | N |
| 1. Does your potential complaint concern activities regarding the practitioner within the scope of NCIP? (Psychotherapy, Counselling, Coaching or other psychological therapy)
 | Y | N |
| 1. Are you a client/patient?
 | Y | N |
| 1. If not do you have a letter of authority from the client?
 | Y | N |
| 1. If No to 3 or 4 is your matter an over-riding public protection issue? (If yes, please give some detail of the public protection issue in the box below.)
 | Y  | N |
|  |
| 1. Have you made your complaint to the member or training organisation concerned? (If so please give us a brief description in the box below.)
 | Y | N |
|  |
| 1. Do you have evidence of actual harm according to ethical codes? Please state in the boxes below.
 | Y | N |

Please use this table as a checklist. If the complaint goes ahead, we will ask you to expand the details and evidence.

|  |  |  |
| --- | --- | --- |
| Number or name of Code | Ways you consider code has been broken  | Evidence offered of breach of code |
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If you need to expand on any of the above, then please do so.

|  |  |  |
| --- | --- | --- |
| Would you be willing to consider possible mediation or negotiation? | Y | N |

|  |
| --- |
| Please provide your full legal name, date of birth and contact details and sign in this box. |

By returning this form you are giving the NCIP permission to share information regarding your complaint with appropriate staff/committee members in order to resolve your issue.