

ETHICS COMPLAINT FORM

PERSON FILING COMPLAINT	MEMBER COMPLAINED ABOUT:
Name: _____ Address: _____ _____ City, Province, Postal: _____ Daytime Phone: _____ E-mail: _____	Name: _____ Address: _____ _____ City, Province, Postal: _____ Daytime Phone: _____ E-mail: _____
Have you complained to the member? Yes No When: _____ How: telephone/letter/other: _____ Did the member respond? Yes No If yes, please include a copy of the response.	Have you complained to any provincial licensing board? Yes No N/A When: _____ Did the provincial licensing board respond? Yes No If yes, please include a copy of the response.

Nature of Complaint (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sexual contact with a client | <input type="checkbox"/> Confidentiality |
| <input type="checkbox"/> Administrative/Recordkeeping | <input type="checkbox"/> Conflict of Interest |
| <input type="checkbox"/> Failure to release patient records | <input type="checkbox"/> Problem other than listed above (specify):
_____ |
| <input type="checkbox"/> Impairment/medical condition | _____ |
| <input type="checkbox"/> Advertising violation | _____ |
| <input type="checkbox"/> Patient abandonment/neglect | _____ |

Have you filed a civil or criminal lawsuit? If so, please provide the case number and the court in which it was filed.

On a separate sheet of paper, please summarize the details of your complaint as clearly and as completely as possible. Include your relationship to the member (e.g. client, advocate), the initial reason for seeking services (i.e., was it court ordered, was the Counselor court appointed, as the Counselor a mediator, was it an Employee Assistance Program referral), the location and dates of therapy, the name, address, and telephone number of any witness who might be able to corroborate your account, and copies of any documentation (i.e., appointment notices, appointment calendar, personal notes, cards, letters, billing statements, insurance statements) that may assist the Committee. **Do not send originals – copies only.**

What would satisfy your complaint? _____

(The jurisdiction of the Committee is limited. It cannot make refunds of money paid to members nor necessarily obtain the outcome your desire. GACPC does not assist individuals seeking return of money or other personal remedies. It can only impose disciplinary measures against a member found to have violated the Code of Ethics.)

How did you learn about GACPC's ethics complaint process?

Signature: _____ Date: _____

Office Use Only:	Date Received: _____
Member ID#: _____	Acknowledgement letter sent: _____
Date Reviewed: _____	Category: _____
Entered into database: _____	Complaint #: _____

