***NZCCA Complaints Template***

**Thank you for completing this Complaints Template. As part of the complaints process, the counsellor will be supplied with everything following so that the counsellor can make a formal response to the Ethics Committee.**

| The name(s) of the person/people making the complaint: |  |
| --- | --- |
| Your relationship with the counsellor e.g. counselling client or colleague: |  |
| The name of the Counsellor: |  |
| Date(s) of the event(s) |  |

| ***Dear Ethics Committee. I am making a formal written complaint about the NZCCA member.  A summary of my complaint is:***  *Please type here* |
| --- |

| ***[This box does not have to be filled in but would be helpful]***  ***I believe that the professional practise of the counsellor has potentially not lived up to the intent of the NZCCA Code of Ethics in the following ways:***  *Please type here* |
| --- |

| ***Details of the event are:***  *Please type here* |
| --- |

| ***The impact that this had is:***  *Please type here* |
| --- |

| ***If not already included above:***  ***Please record whether you have tried to address this (or not) with the counsellor and the result of that interaction.***  *Please type here* |
| --- |

| ***Are there any cultural considerations where a flexible approach from NZCCA / the Ethics Committee would help to ensure an appropriate process is undertaken?***  *Please type here* |
| --- |

| ***The Ethics Committee is responsible for determining any required action as a result of investigating this complaint. In determining the outcome of the complaint, we would like to consider in our deliberations what you hope will happen as a result of your complaint.***  *Please type here* |
| --- |

Please submit this form, along with the completed Complainant Introductory Letter to: [info@nzcca.org.nz](mailto:info@nzcca.org.nz)

Thank you for your time in submitting this complaint.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: if there is more than one complainant, all complainants must sign the complaint please.