Complaints Form

Making a complaint against a National Counselling Society Practitioner.

This is the information we need if you want to make a complaint against a member. You need to read the relevant section on our website at www.nationalcounsellingsociety.org before you complete this form.

If you need help with this form, please call the National Counselling Society’s Public Protection Officer on: 01903 200666 – and select the complaints department. Leave your name, contact number and a brief message and they will call you back.

Your Name: ______________________________________________
Address: ______________________________________
Town: _____________________________________________
County: ___________________________________________
Postcode: ___________________________________________
Telephone number (incl. area code): ___________________
Mobile: ________________________________
Email: ______________________________________________

I can confirm I am a client
☐ Yes   ☐ No

If you have ticked no, please specify your role in the complaint:
_____________________________________________________________________________________
_____________________________________________________________________________________

1. The person you are complaining about:

Please provide as much information as possible on the person you are complaining about.

Name: ______________________________________________________________
Therapy Practised e.g. psychodynamic, CBT: ______________________________
Address: ______________________________________________________________
Membership number (if known): ___________________________________________
2. When did the issue take place?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Where did the issue take place?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please tell us what you believe happened

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Did anyone witness this? If so, please provide their contact details

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Has this been reported to anyone else? E.g. the police, the person’s employer etc. □ Yes □ No

If you have ticked yes, please provide details below. If you have ticked no, please go to question 8

________________________________________________________________________
Contact details: Please provide the contact details of whom this was reported to.

Name: ____________________________________________________________

Organisation: ______________________________________________________

Telephone number (incl. area code): __________________________________

Email: ___________________________________________________________

7. What was their response?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please contact us with any progress on the incident you have reported.

8. Please provide any additional information that may help us with this matter.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
9. Please use the following to list any documents you are including with this form:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

10. How would you like to see this complaint resolved? E.g. refund, apology, suspension of membership etc.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signed: ________________________________________________ Dated: _____/_____/
Printed Name: _________________________________________________________________________

Please send us your completed form and any additional information to the below address.

Either:

C/O Public Protection Officer,  
National Counselling Society, 
19 Grafton Road,  
Worthing, 
West Sussex,  
BN11 1QT

Or

Register@nationalcounsellingsociety.org

We will acknowledge receipt of your complaint and keep you informed of the next steps.