

**IMPORTANT:**

Before completing this form, we would encourage you to read our Information Guide which can be accessed via the IACP Website on the following link: [www.iacp.ie/information-for-clients](http://www.iacp.ie/information-for-clients)

## Making a Complaint about an IACP Counsellor/Psychotherapist

**IACP CAN ACCEPT COMPLAINTS REGARDING:**

- A therapeutic service (including Counselling or Psychotherapy) provided by an IACP Accredited or Pre-Accredited Member

**IACP CANNOT:**

- Investigate complaints regarding individuals who were not IACP Members at the time of the event about which you are making the complaint
- Investigate complaints which have already been dealt with by the IACP whether discontinued or not by the Complainant
- Provide you with financial compensation or aid you in seeking a financial compensation claim
- Provide you with legal or professional advice or representation
- Make a Counsellor/Psychotherapist apologise to you
- Provide a detailed explanation of what happened to you. This can only come from the Counsellor/Psychotherapist

**IACP CAN ACCEPT COMPLAINTS FROM:**

- A Client
- A parent or guardian representing a child under the age of eighteen
- A representative for an adult who lacks physical or mental capacity

If you are making a complaint on behalf of someone else, we may need their consent to consider the complaint.

If you are completing the form by hand, please use **block capitals**.

## Disclosure

In order to investigate your complaint, we will need to disclose your Complaint Form in its entirety to the IACP Member concerned to seek their observations and comments. If you have any queries in relation to this, please contact the Complaints Committee Administrator by emailing [iacpcomplaints@iacp.ie](mailto:iacpcomplaints@iacp.ie) prior to submitting your Complaint Form.

I understand that this form, in its entirety, will be made available to the Counsellor/Psychotherapist against whom this complaint is being made.

Please tick this box

I consent to correspondence by email and email attachment YES  NO

(Correspondence from the IACP Complaints Committee is issued by email attachment. If you do not consent to the use of email, correspondence will be sent by post using registered post where necessary.)

## Section 1: Client Details

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Contact No (optional): \_\_\_\_\_

**If you are the Client, please proceed to Section 2**

### If you are the Client's Representative

- A parent or guardian representing a child under the age of eighteen
- A representative for an adult who lacks physical or mental capacity

**Please complete the following sections:**

#### REPRESENTATIVE'S DETAILS

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Contact No (optional): \_\_\_\_\_

#### REPRESENTATIVE'S RELATIONSHIP WITH THE CLIENT

A parent or guardian representing a child under 18: Please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A representative for an adult who lacks physical or mental capacity: Please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note:** If you are making a complaint on behalf of an adult who lacks physical or mental capacity, the Complaints Committee may need their consent to consider the complaint.

## Section 2: Counsellor/Psychotherapist details

Please provide the full name of the Counsellor or Psychotherapist your complaint is regarding, together with their address, if you know it, or the address where you saw the Counsellor or Psychotherapist.

Name of Counsellor or Psychotherapist: \_\_\_\_\_

Address (if known):

\_\_\_\_\_  
\_\_\_\_\_

Address of the Counselling Practice / premises where you were seen:

\_\_\_\_\_  
\_\_\_\_\_

Membership Number (if known): \_\_\_\_\_ Telephone No (if known): \_\_\_\_\_

## Section 3: Details of your complaint

Please describe your complaint in as much detail as possible, paying particular attention to the IACP's Code of Ethics and Practice which can be accessed by visiting the following link: [www.iacp.ie/complaints](http://www.iacp.ie/complaints)

The IACP Code of Ethics is available to download on the bottom left hand side of this page in the Downloads section.

Explain exactly what happened, where it happened and when it happened (please use dates where possible).

If you are completing the form by hand, please use block capitals. If the space allocated on the form is not sufficient, please provide details of your complaint on a separate sheet and attach it to this form.

Please tick here  if you have provided your complaint on a separate sheet/s.

### COMPLAINT DETAILS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Section 4: Declaration of Consent

### DECLARATION OF CONSENT BY CLIENT

Please tick this box

I declare that all the information I have given in this form is, to the best of my knowledge, complete and accurate.

If you are sending this form electronically, please type your name in the signature box below.

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

### IF YOU ARE THE CLIENT'S REPRESENTATIVE

### DECLARATION OF CONSENT BY CLIENT'S REPRESENTATIVE

Please tick this box

I declare that all the information I have given in this form is, to the best of my knowledge, complete and accurate.

If you are sending this form electronically, please type your name in the signature box below.

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

Please return your completed form by email to [iacpcomplaints@iacp.ie](mailto:iacpcomplaints@iacp.ie)

or

return by post – marked Private and Confidential - to:

IACP Complaints Administrator,  
First Floor Marina House,  
11-13, Clarence St.,  
Dun Laoghaire,  
Co Dublin. A96 WC94