



Psychotherapy & Counselling
Federation of Australia

HOW TO COMPLETE THE *PACFA COMPLAINT FORM*

Before completing the form:

Check with PACFA by telephoning 03) 9486 3077 that the person or agency you wish to complain about is associated with PACFA.

The PACFA Complaint Form is designed to collect sufficient information for the PACFA Ethics Committee to decide if they have jurisdiction over the issue and, if so, to commence investigation of the matter through the appointment of an appropriately qualified Case Officer and a Complaints Committee.

COMPLETING THE FORM

- If you do not have enough space to complete any section, please attach additional paper.
- You may attach supporting documentation.
- In providing the details of the complaint please include:
 - What happened?
 - Who was involved?
 - When did it happen?
 - Why it has caused you concern?
- It is important to include dates, times, places and people that are relevant to your complaint.

ONCE COMPLETED

MAIL: Psychotherapy and Counselling Federation of Australia (PACFA)
290 Park Street
Fitzroy North VIC 3068

OR

FAX: 03 9486 3933

TIME FOR RESPONSE

Acknowledgement of the receipt of the complaint will be mailed to you within 10 days.

Decision of the PACFA Ethics Committee as to the jurisdiction to investigate the complaint will be mailed to you within 14 days.

QUESTIONS

Please contact the PACFA Office on:

Ph: 03 9486 3077

Email: admin@pacfa.org.au



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PACFA Complaint Form

Postal Address: 290 Park St, Fitzroy North, Vic 3068
Telephone: 03 9486 3077
Fax: 03 9486 3933
E-Mail: admin@pacfa.org.au

Assistance completing this form is available by telephoning 03 9486 3077

1. This is a complaint about:

- Individual therapist PACFA Member Association PACFA

2. Details of person who has received the service

Mr/Mrs/Ms/Miss/Dr/Other _____ Surname _____ First Name _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) _____ Mobile _____

Date of Birth ____/____/____ Male or Female

Preferred Language _____ Interpreter required _____

3. Details of person making this complaint

- As above, I am making the complaint about the service I have received

Or

- I am making this complaint on behalf of the person who received the service. If so, please complete the following:

Mr/Mrs/Ms/Miss/Dr/Other _____ Surname _____ First Name _____

Number and street
Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone (Mon-Fri 9:00am to 5:00pm) _____ Mobile _____

Preferred Language _____ Interpreter required _____

Relationship to person who received the service:

- Parent or guardian of a child under 18 years
 Legal guardian
 Relative (please state) _____
 Health professional
 Consumer advocate
 Member of the public
 Other _____

4. Details of the provider of the service

Please note: if this complaint is made against a Member Association or PACFA please identify the actual person(s) who is the subject of this case, or is the person(s) you have been involved with:

Mr/Mrs/Ms/Miss/Dr/Other _____ Surname _____ First Name _____

Practice name, Number and street
Address: _____

Suburb: _____ State: _____ Postcode: _____

If "no", please outline why you have not done so _____

7. Privacy considerations

If you make a complaint, personal information about you and the complaint will be collected by PACFA and discussed in the prescribed PACFA Complaints Committee. All personal information will be treated in accordance with the *Personal Information Protection Act 2004*.

In order to review this complaint, a copy of this complaint form and any relevant attached documentation will be forwarded to the person(s) named in Section 4, as the provider of the service, for a response. If you do not wish this to happen, please outline your reasons:

8. Consent and declaration

- Please note: if PACFA deems this complaint to be of a significantly serious nature it will be forwarded to an appropriate external agency such as the police.

Please complete only ONE of the following:

a. I am the person who received the service and am lodging this complaint:

Signed _____

Date: ____/____/____

Or

b. I have the consent of the person who received this service to lodge this complaint.

I _____ (person who received service) give permission to _____
(person making the complaint) to lodge this complaint on my behalf.

Signed _____

Date: ____/____/____

Or

c. I do not have the permission of the person who received this service to lodge this complaint, however, I believe this complaint should be investigated because:

Signed _____

Date: ____/____/____