



COMPLAINTS INFORMATION REPORT

INTRODUCTION:

The QCA Complaint Report is designed to collect sufficient information for the QCA Ethics Committee to assess that the complaint is acceptable for investigation under the QCA Code of Ethics.

COMPLETING THIS REPORT:

Please read the QCA Code of Ethics before completing this report. In this report, please provide details of the complaint including:

- What happened?
- Who was involved?
- When did it happen?
- Why it has caused concern?

It is important to include dates, times, places and people involved that are relevant to your complaint.

If you require extra space, please attach additional information separately.

Please attach any supporting documentation.

ONCE COMPLETED -

Postal Address - mail completed paper work to:

QCA Ethical Complaints Committee,
c/o Queensland Counsellors Association Inc
PO Box 3319
Bracken Ridge Q 4017

TIME FOR RESPONSE:

- Acknowledgement of the receipt of the Complaints Information Report will be mailed to you within 5 working days.
- The decision of the QCA Ethics Committee in relation to its jurisdiction to investigate the complaint will be mailed to you within 20 working days of receipt.

PLEASE PRINT

DETAILS OF THE COMPLAINT:

- Against:** Individual Therapist
 Supervisor

DETAILS OF THE PERSON WHO HAS *RECEIVED* THE SERVICE:

Mr/Mrs/Ms/Miss/Dr/Rev/Other

Surname:

First Name:

Street Address:

Suburb: State: Postcode:

Email Address:

Telephone details (Monday to Friday 9.00am – 5pm):

Mobile:

Home:

Work:

Date of Birth:

- Male Female

PLEASE PRINT

DETAILS IN THE CASE OF A THIRD PARTY COMPLAINT:

If the person lodging the complaint (complainant) is not the same person as above, and was not the recipient of the service, please complete the following:

Mr/Mrs/Ms/Miss/Dr/Rev/Other.....

Surname:

First Name:

Street Address:

Suburb: State: Postcode:

Email Address:

Telephone details (Monday to Friday 9.00am – 5pm):

Mobile:

Home:

Work:

Date of Birth:

Male Female

What is your Relationship to the person who received the service:

Parent or guardian of a child under 18 years

Legal guardian

Relative (please state):

Health professional

Other (please state):

PLEASE PRINT

DETAILS OF THE PERSON WHO HAS *PROVIDED* THE SERVICE (*the RESPONDENT*):

Mr/Mrs/Ms/Miss/Dr/Rev/Other.....

Surname:

First Name:

Name of Organisation:

Street Address:

Suburb: State: Postcode:

Email Address:

Telephone details (Monday to Friday 9.00am – 5pm):

Mobile:

Work:

Male Female

Please attach additional information if necessary:

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DETAILS OF THE COMPLAINT

Please list the clauses from the QCA Code of Ethics that you believe to have been breached and then attach a more formal and detailed statement providing examples of each breach. Please note that if you have more substantial documentation or evidence to submit, you should indicate that this is available and it can be provided later in the complaints process if required. Your attached statement will be forwarded to the respondent in due course.

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Have you already tried to address this complaint?

Yes No

If **yes**, please outline what you have done and the outcome.

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If **no**, please outline why you have not done so.

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WHAT IS THE OUTCOME SOUGHT FROM THIS COMPLAINT?

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PRIVACY CONSIDERATIONS

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

In order to review this complaint, a copy of the formal and detailed statement providing examples of each breach of the QCA Code of Ethics will be forwarded to the person(s) named (the Respondent) as the provider of the service. In the case of third party complaints, the client recipient of the service will also be notified that a complaint has been lodged.

I agree to a copy of my complaint being sent to the Respondent. Yes No

If you do not wish this to happen, please outline your reasons:

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CONSENT AND DECLARATION

Please note: if QCA deems this complaint to be of a significantly serious nature it will be forwarded to an appropriate external agency such as the Health Care Complaints Commission or the Police.

Please complete only ONE of the following:

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

Signed:

Date:

OR

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

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 permission of the person who received this service to lodge this complaint, however, I believe this complaint should be investigated because:

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Signed:

Date:

Commonwealth of Australia

STATUTORY DECLARATION

Statutory Declarations Act 1959 (Insert the name of the person making this declaration)

I,
.....
make the following declaration under the
Statutory Declarations Act 1959:

I declare that all the information I have
provided is true and correct.

I understand that a person who intentionally
makes a false statement in a statutory
declaration is guilty of an offence under
section 11 of the *Statutory Declarations Act
1959*, and I believe that the statements in
this declaration are true in every particular.

Signature of person making the declaration

.....

Declared at:

(place) on
(date)

Before me,

(Full
Name).....

(Qualification)

(Signature)

Signature of person before whom the declaration is made (see over)
Full name, qualification and address of person before whom the declaration is made (in printed letters)

A statutory declaration under the *Statutory Declarations Act 1959* may be made before–

- (1) a person who is currently licensed or registered under a law to practise in one of the following occupations: Chiropractor, Dentist, Legal practitioner, Medical practitioner, Nurse, Optometrist, Patent attorney, Pharmacist, Physiotherapist, Psychologist, Trademarks attorney, Veterinary surgeon.
- (2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
- (3) a person who is in the following list:
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 - Bailiff
 - Bank officer with 5 or more continuous years of service
 - Building society officer with 5 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 5 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 5 or more years of continuous service
 - Holder of a statutory office not specified in another item in this list
 - Judge of a court
 - Justice of the Peace
 - Magistrate
 - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
 - Master of a court
 - Member of Chartered Secretaries Australia
 - Member of Engineers Australia, other than at the grade of student
 - Member of the Association of Taxation and Management Accountants
 - Member of the Australasian Institute of Mining and Metallurgy
 - Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
 - Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
 - Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
 - Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
 - Notary public
 - Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
 - Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;
 with 5 or more years of continuous service who is not specified in another item in this list
 - Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
 - Police officer
 - Registrar, or Deputy Registrar, of a court
 - Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority
 - Sheriff or Sheriff's officer
 - Teacher employed on a full-time basis at a school or tertiary education institution