# BACP Complaint Form

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| **Introduction** |
| **BACP is a membership organisation which maintains a PSA-accredited Register for individuals and organisations involved in the provision of therapeutic counselling services.**  **Membership with BACP is voluntary as in the UK counselling and psychotherapy is not subject to statutory regulation.**  **BACP members agree to uphold the** [**Ethical Framework**](https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/) **as a condition of their membership. The Ethical Framework represents the main point of reference for decisions in professional conduct hearings.**  **BACP can consider concerns raised regarding:**   * **a therapeutic service (including counselling or psychotherapy) provided by a BACP member** * **concerns over a member’s conduct which is not related to a therapeutic service, for example if the therapist has been convicted of a crime or behaves inappropriately**   **BACP is not able to consider complaints about:**   * **individuals or organisations who were not BACP members at the time of the event** * **matters of a legal nature or claims for compensation**   **A complaint must normally be submitted within three years from the date of the most recent conduct giving rise to the complaint. Exceptions can be considered where an Independent Assessment Committee consider that it is in the public interest to do**  **I have read this statement and the guidance referred to within** |

**Completing the Complaint form**

Please consider each question below and provide specific and detailed information where possible. A response to all mandatory fields must be completed in order to submit your complaint.

**Further information**

Following the questions on the complaint form, you will have the opportunity to provide the following:

* Details of any third parties
* Additional evidence and supporting documents

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| Consent: | |
| Before submitting this complaint please see the BACP Privacy notice to see how your data will be used. Please be aware that your information can be shared without your consent if it's determined to be in the public interest.   Our Privacy notice can be found at: [www.bacp.co.uk/privacy-notice/](http://www.bacp.co.uk/privacy-notice/)  I consent to a copy of this complaint form (not including the contact details sheet) and any supporting documents will be sent to the BACP member complained against and BACP’s independent complaints panel and processed under the Professional Conduct Procedure | |
| I agree that my data can be processed in accordance with the BACP Privacy Notice |  |
| I don’t agree that my data can be processed in accordance with the BACP Privacy Notice |  |
| Sign here: |  |
| Date: |  |

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| Your details: | |
| Title: | **Ms**  **Miss**  **Mrs**  **Mr**  **Dr**  **Other** |
| Full name: |  |
| Address: |  |
| Email: |  |
| Contact number: |  |
| I confirm I am a UK resident | |
| Yes |  |
| No, where is your location? |  |
| Would you like us to make any reasonable adjustments when contacting you?  e.g. documents in large print or preferred method of contact |  |

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| If you are logging the complaint on behalf of another person, please provide further details about them below: |

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| Full name: |  |
| Address: |  |
| Email: |  |
| Contact number: |  |

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| Please explain briefly why this person is unable to make the complaint themselves: | |  | | |
| 1. Who is your complaint about?   (If your complaint is regarding a member and an organisation, you will need to log two separate complaints) | | | | |
| An individual member | | |  | |
| An organisation | | |  | |
| 1. Please provide their membership or registration number if known? | | | | |
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| 1. What is the organisation or member’s name? | | | | |
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| 1. If you have any further information regarding the member or the organisation, please provide details below: | | | | |
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| 1. Have you made any direct attempts to resolve your complaint with the BACP member or the organisation? | | | | |
| Yes |  | | | |
| No |  | | | |
| Please provide further details | | | | |
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| 1. What was the start date of the therapeutic relationship? | | |  | |
| 1. What was the end date of the therapeutic relationship (if applicable) | | |  | |
| 1. Please provide details of the approximate dates of the individual counselling sessions where appropriate (including the month and year) Include the dates of specific incidents relating to the complaint where applicable. | | |  | |
| 1. If a complaint relates to a therapeutic or counselling service, it should be submitted within three years from the date of the last incident of conduct you wish to complain about. Please confirm your complaint is within this timescale. | | | | |
| Yes | | |  | |
| No | | |  | |
| Not applicable | | |  | |
| If no, please give the date you became aware that you may have a complaint and explain why you’re submitting the complaint after three years: | | |  | |
| 1. Which best describes your situation? | | | | |
| I’m a member of the public who would like to make a complaint on my own behalf about a therapeutic service I received from a BACP Member | | | |  |
| I’m making a complaint on behalf of another person who has received a service from a BACP member but is unable to make the complaint themselves | | | |  |
| I’m making a complaint on behalf of another person who has received a service from a BACP member but is a minor (under 16) | | | |  |
| I’m making a complaint on behalf of another person who has received a service from a BACP member but is an adult lacking mental capacity | | | |  |
| I don't fit into any of the above categories | | | |  |

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| Details about your complaint: | |
| 1. Is your complaint about a therapeutic or counselling service received from a BACP Member? | |
| Yes |  |
| No |  |
| Did the therapeutic relationship take place in the UK? | |
| Yes |  |
| No (please provide details of the format and the location of the service received) |  |
| 1. Are you complaining about information that is available in the public domain (i.e. social media, website or newspaper) | |
| Yes |  |
| No |  |
| 1. If yes, please provide a link, the name of web page or social media post | |
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| 1. Are there any ongoing legal proceedings relating to your complaint? (This also includes a police investigation or a CPS referral). | |
| Yes | **Please note we cannot accept any court or legal documents without the permission of the court. Please check you have the correct permission for this before sending.** |
| No |  |
| Please provide further details about the ongoing legal proceedings: |  |
| 1. Have you already made a complaint to another professional body about the alleged professional misconduct? | |
| Yes |  |
| No |  |
| Please tell us the name of that membership body or organisation and the status of that complaint: |  |

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| 1. Please tell us about your complaint, give as much detail as possible. |
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| Supporting evidence or documents |
| Please provide the following supporting evidence if available:   * copies of relevant emails * a copy of your counselling contract * letters * screenshots or copies of text messages * recordings   Yes, I’ve included all relevant documents with this complaints form.  No, I don’t have any documents to enclose.  \*(please tick one box) \*   * Send us copies of original documents * Don’t include hyperlinks * Provide a written transcript of any audio recording. Please don’t submit CDs or USB sticks   Please ensure you have permission, where relevant, to send us any documentary evidence  Please remove all personal information you do not wish to be shared during the complaints process.  Please do not include:  Children’s names (where you are not the parent/guardian), addresses, or dates of birth, Bank account details, Legal/Court documents, Third party names and information without the correct consent. |

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| Returning your form |
| Send us your completed form, together with all supporting documents to:  [complaints.assessor@bacp.co.uk](mailto:complaints.assessor@bacp.co.uk)  Or post it to us at the address below:  Professional Conduct Team  BACP  15 St. John’s Business Park  Lutterworth  LE17 4HB |