



### Counselling Therapist's Information

Therapist's Name  |   
GIVEN NAME(S), INITIAL(S) LAST NAME

Place of Work

### Complaint Details

**NATURE OF THE COMPLAINT**

Communication issues       Unprofessional behaviour       Privacy/confidentiality

Other

**OTHER COMPLAINT DETAILS**

When did the incident occur?

If applicable, have you tried to discuss this complaint with the Counselling Therapist?       Yes     No

What do you hope to accomplish by submitting this complaint? (e.g., apology from the Counselling Therapist, assistance with resolution, etc.)

### Complaint Narrative PLEASE USE YOUR OWN WORDS TO DESCRIBE THE COMPLAINT

Signature of Complainant:

Date: