COMPLAINTS INFORMATION REPORT

INTRODUCTION:

The CCAA Complaint Report is a form which is designed to collect sufficient information for the respective Ethics Committee to assess if the complaint is acceptable for investigation under the CCAA Code of Ethics.

COMPLETING 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.

Please print the Statuary Declaration on page 8 to sign manually.

ONCE COMPLETED -

Email document to: ethics@ccaa.net.au

TIME FOR RESPONSE:

- Acknowledgement of the receipt of the complaint will be mailed to you within 14 days.

DETAILS OF THE COMPLAINT:

Against: ☐ Individual Therapist

☐ Supervisor

DETAILS OF THE PERSON WHO HAS *RECEIVED* THE SERVICE *(the COMPLAINANT)*:

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:

For Couples:

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:

If the counselling undertaken by you was as a "couple" the couple or parents in the case of children is the client. CCAA therefore requires both signatures on this form should you wish to proceed – otherwise confidentiality may become an issue for both your partner and the therapist. If only one signature is supplied the investigation may not continue under the Privacy Act (1988).

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:

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): .....

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

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 _____

DETAILS OF THE COMPLAINT

Please list the clauses from the CCAA 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.

Please attach additional information if necessary.

Have you already tried to address this complaint?

☐ Yes ☐ No

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

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

WHAT IS THE OUTCOME SOUGHT FROM THIS COMPLAINT?

PRIVACY CONSIDERATIONS

If you make a complaint, personal information about you and the complaint will be collected by CCAA and discussed in the prescribed CCAA 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 example of each breach of the CCAA 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.

CONSENT AND DECLARATION

Please note: if CCAA 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/we am/are the person/s who has/have received the service and am/are lodging this complaint. If you do not have a digital signature please print this form and sign and scan. The Statuary Declaration will require this action.

Signed: Date:

Signed: Date:

Where the complaint involves couple counselling both parties need to sign in accordance with the Privacy Act for permission to release notes pertaining to both parties.

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:

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