**Quality Assurance Committee**

**Complaint Form**

Before completing this form, please read the document

“*Filing a complaint about the quality of ISST Training”,*

 *which is found in the Certification sub-division of the ISST website*

**Complainant** *(Person making the complaint)*

|  |  |
| --- | --- |
| *Title and name* | *Postal address* |
|  |  |
| *Organization* | *Position/title* |
|  |  |
| *Your**contact**details* | *email* |  |
| *Telephone (landline)* |  |
| *Cell/mobile* |  |

**Respondent** *(Person about whom the complaint is being made)*

|  |  |
| --- | --- |
| *Title and name* | *Postal address* |
|  |  |
| *Profession* | *ISST Membership number* |
|  |  |
| *Organization* | *Position/title* |
|  |  |
| *Contact**details* | *email* |  |
| *Telephone (landline)* |  |
| *Cell/mobile* |  |

|  |
| --- |
| **Please tick the relevant box below that applies to you** |
| I am a member of the public who has requested or received a service (assessment and/or therapeutic service) from an ISST member. |  |
| I am making a complaint on behalf of another person who has requested or received a service from an ISST member, with their written permission, because that person is unable to make the complaint themselves. ***Include written permission from the person on whose behalf you are making this complaint and the reasons why this person is unable to make the complaint themselves.*** |  |
| I am a member of the public who is concerned about the behaviour of an ISST member that has affected me personally or in the workplace. |  |
| I am an ISST member who has received a service (training, supervision or therapy) from another ISST colleague who is the respondent for this complaint. |  |
| Other (explain clearly your role or relationship to the respondent). |  |

**Details of your complaint**

**Please submit the following information on a separate page. Note that the Committee might request further documentation from either you the complainant or respondent.**

1. **Explain the nature of your complaint**
* Provide a clear and detailed description of what happened, including dates and times where relevant. If there is more than one event, please provide a description of each.
* Provide information about where the training or supervision (s) took place (e.g., in your home virtually, at a private practice, hospital, or somewhere else)? Provide name(s) and address(es) if possible and where relevant.
* How did the quality of the ISST Certified Training not meet established standards and criteria? Does this complaint involved poor quality of:

Information,

Presentations,

Demonstrations,

Printed materials,

Organization.

* Did the time allowance of the didactic and dyadic periods not meet the stated and required time frames?
* How did the behaviour of Trainers not follow ISST standards of off-line and on-line training format?
* Did the number of Trainers and Participants exceed the required ratio of twenty to one (20:1).
1. **Indicate whether you have already taken any steps to resolve the problem.**

Indicate whether you have approached the respondent in an effort to address the complaint and, if you did, what was the outcome.

1. **Provide supporting evidence or documentation**

Please attach copies of documents or material that support your complaint, for example:

* emails
* a written transcript of an audio recording
* a contract with or letters between you and the respondent
* correspondence between yourself and another organization in which you raised these concerns and how the organization responded
* slides, handouts
* curriculum

Please ensure that the documents you are submitting are complete and have not been cut and pasted, and that the author of any statement can be clearly identified.

Please ensure you have permission, where relevant, to forward documents to our attention.

**Declaration**

I, (name) , whose personal details are summarised on page 1 of this form, hereby declare that, to the best of my knowledge, the facts and statements I have provided are true, accurate, and complete.

I understand that a copy of my complaint will be shared with the ISST member about whom I have filed the complaint in order to obtain their response.

|  |  |
| --- | --- |
| ***Signature*** | ***Date*** |
|  |  |

Please send your completed form, together with all supporting documents, to the Chair of the Quality Assurance Committee: lyndaparry4@bigpond.com