



Psychotherapy & Counselling
Federation of Australia

Complaint Form

For complaints against PACFA Members and Registrants

The Complaint Form is designed to collect sufficient information for the PACFA Ethics Committee to assess whether a complaint can be heard by a PACFA Professional Conduct Panel as a Formal Complaint under the [PACFA Professional Conduct Procedures 2017](#).

PACFA also offers Alternative Dispute Resolution (ADR) which is a shorter, less formal process that aims to achieve early resolution of a complaint through an Intermediary. ADR will always be considered as a first option prior to proceeding with the hearing of a Formal Complaint.

PACFA can hear complaints in certain circumstances but we do not have jurisdiction to hear all complaints. It is therefore important to seek advice from PACFA before you fill in this Complaint Form.

Before completing this form, please contact a PACFA Ethics Officer for preliminary advice on making a complaint.

Have you spoken to a PACFA Ethics Officer about your complaint?

Yes No

If Yes, approximate date of contact with the PACFA Office: _____

If No, please contact PACFA on 03 9486 3077 or email admin@pacfa.org.au for a call back.

If you are proceeding with a Formal Complaint, all relevant parts of this form must be completed for the complaint to proceed. An Intermediary will contact you prior to the start of the Formal Complaint process to ensure that you receive appropriate support.

If you wish to undertake Alternative Dispute Resolution, please complete the [Grievance Form](#).

1. About Your Complaint

1. Who is making a complaint?

I am making a complaint on my own behalf

OR

I am making a complaint on behalf of another person because I am the legal guardian or other authorised person acting on behalf of a minor and/or a vulnerable adult who lacks the capacity to make a complaint themselves

2. Informal Resolution

PACFA encourages parties to a dispute to seek informal resolution before proceeding to a Formal Complaint.

Have you attempted to resolve the complaint directly with the person complained about?

Yes No

If Yes:

- Please explain in the space below the steps taken to try to resolve the complaint informally;
- Please provide or attach all details of the communication which has taken place in relation to attempts to resolve the complaint, including any relevant documentation.

Details of attempts at informal resolution

3. Details of the person making a complaint

Please provide details of the Complainant

Complainant Details:			
Surname:		First Name:	
Organisation (if applicable)			
Postal Address:			
State:		Postcode:	
Email:			
Phone No:			
Main language:		Interpreter required:	

Please provide details of the Complainant Representative

Complainant Representative Details: Only complete this section if applicable			
Surname:		First Name:	
Organisation (if applicable)			
Postal Address:			
State:		Postcode:	
Email:			
Phone No:			
Main language:		Interpreter required:	
If you are a Complainant Representative, what is your relationship to the Complainant?			
Parent or legal guardian of a child under 18 years			
Legal guardian of an adult			
Relative (please specify relationship)			
Health professional			
Consumer advocate			
If you ticked Relative, Health professional or Consumer advocate, please explain why you are representing the Complainant			

4. Details of the person you are complaining about (the Respondent)?

Details of PACFA Member or Registrant:			
Surname:		First Name:	
Organisation: (if applicable)			
Practice Address:			
State:		Postcode:	
Email:			
Phone No:			

5a. Details of the Complaint

Please provide details of the complaint, including:

- What happened
- Context in which the complaint event occurred
- Who was involved
- When did it happen
- Why it has caused you concern

It is important to include dates, times, places and people that are relevant to your complaint. If you require extra space, please attach additional information. If you have supporting documentation, please attach.

Information you supply for question 5a will be shared with the Member or Registrant about whom you are complaining.

<p><i>Details of the complaint</i></p>
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Details of the complaint

5b. Details of the alleged breaches of the relevant Code

Please refer to the PACFA Code of Ethics

Please list the clauses from the [PACFA Code of Ethics 2017](#) that you believe have been breached and give examples of the ways you believe these Clauses have been breached. You can attach a more formal statement if you wish to. You can also provide copies of any supporting documentation relevant to your complaint.

Information you supply for question 5b will be shared with the Member or Registrant about whom you are complaining. Please note that, should the complaint proceed, the PACFA Professional Conduct Panel will examine the complaint against the entire Code of Ethics and may additionally identify clauses of the Code that may have been breached other than those mentioned here by the complainant.

If you require assistance to identify the clauses of the Code of Ethics that may have been breached, please contact a PACFA Ethics Officer for assistance.

6. What outcome would help to resolve the complaint?

Information you supply for question 6 will be shared with the Member or Registrant about whom you are complaining.

Information you supply for question 5a will be shared with the Member or Registrant about whom you are complaining.

7. Privacy Consent

If you submit this complaint, personal information about you and the complaint will be collected by PACFA and used in order to hear the complaint in accordance with the PACFA Professional Conduct Procedures. All personal information will be treated in accordance with PACFA's Privacy Policy which follows relevant privacy legislation.

In order to process this complaint, a copy of your answers to questions 5(a) 5(b) and 6 will be forwarded to the Member or Registrant being complained about.

In the case of third party complaints, the Complainant will also be notified that a complaint has been lodged including a copy of your answers to questions 5(a), 5(b) and 6.

Privacy Consent

I agree to a copy of the complaint (the answer to question 5a, 5b. and 6) being sent to the respondent:

Yes No

If you do not agree to share details of the complaint with the respondent, PACFA will not be able to hear your complaint.

8. Consent to Complaint and Declaration

Please complete only **ONE** of the following Declarations

a. I am the Complainant and I wish to lodge this complaint:

Complainant's signature: _____ Dated: _____

OR

b. I am the Complainant's Representative and I have the consent of the Complainant to lodge this complaint on behalf of the Complainant

Representative's signature: _____ Dated: _____

Complainant's signature: _____ Dated: _____

OR

c. I am the Complainant's Representative and I do not have the consent of the Complainant to lodge this complaint on their behalf as they lack the capacity to consent

Representative's signature: _____ Dated: _____

OR

d. I do not have the consent of the person to whom this complaint relates but I am making this complaint as an interested third party

Complainant's signature: _____ Dated: _____

NOTE:

If PACFA deems this complaint to be of a significantly serious nature, PACFA will seek advice about forwarding it to an appropriate external agency such as the Health Care Complaints Entity in your State or Territory.

Once completed, please email or mail to:

Email: admin@pacfa.org.au
Fax: (03) 9486 3933

Via post:
PACFA Complaints
PACFA
290 Park Street
Fitzroy North VIC 3068

Time for response

Acknowledgement of receipt of this complaint will be sent to you within 5 working days.

If you do not receive acknowledgement, please contact the PACFA Office and we will investigate the reason for any delay.