

## Irish Association of Humanistic and Integrative Psychotherapy

### Complaints Declaration Form

In the event of an alleged breach of any of the IAHIP Codes of Ethics and Practice being brought against an IAHIP Member or Associate, this Complaints Declaration Form should be completed and signed by the person bringing forward the complaint.

<b>Name of Person Making the Complaint</b>
Name :
Surname:
Address:
County:
Telephone Number:
Mobile Number:
<b>Name of IAHIP Member /Associate complained against:</b>
Name:
Surname:
Address:
County:
Telephone Number:
Mobile Number:
<b>Please detail your concerns about IAHIP Member / Associate:</b>
<b>(Name: _____ )</b>
<i>Please include details about the alleged concerning behaviours including details such as times and dates. (Please use extra paper if necessary, in describing your concerns)</i>

<b>Are you concerned about IAHIP Member / Associate ( Name: _____ )</b>
<b>Fitness to Practice as a Psychotherapist?</b>
<b>Do you require assistance or support in bringing your complaint forward?</b>

I have read the IAHIP Complaints Policy and agree to be bound by the conditions set out therein.

Signed : \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** This Complaints Declaration Form Should be returned within 28 days of receipt

The completed form should be forwarded in an envelope marked ‘Confidential’ to:

The Membership Secretary  
IAHIP Ltd  
40 Northumberland Avenue, Dun Laoghaire  
Co Dublin