

Complaints Form

If you have a complaint about a Registrant or Trainee Status Member of the Human Givens Institute (HGI), please download and complete this form, then e-mail it to this address: rpsc@hgi.org.uk Alternatively, you can send a printed copy to the HGI Membership Secretary, Human Givens Institute, Chalvington, East Sussex, BN27 3TD, marking the envelope 'Private and Confidential'. We will acknowledge receipt of your complaint within seven working days.

Before completing the form please read '**How the HGI deals with concerns and complaints**':

<https://www.hgi.org.uk/our-registers/raising-concerns/how-the-hgi-deals-with-complaints/>

This explains what kinds of complaints we can deal with and the stages of our complaints process.

If you need help to complete this form, the HGI office staff will be pleased to assist you. They can be contacted on +44 (0)1323 811662.

Your details

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Daytime tel.	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>		

Details of the therapist you wish to complain about

Name

Address

Postcode (if known)

Details of your complaint

Date the incident took place

Where it took place

Please tell us what happened

(If you need more space, please use the box on page 7 of this form)

Contact details of any witnesses to the incident. *(Please provide these only if they have given their permission.)*

Name

Address

Postcode

Daytime tel.

Mobile

Email

Have you complained about the incident to another organisation?

Yes

☐

No

☐

If you ticked 'Yes', please note that the HGI Registration and Professional Standards Committee (RPSC) will need to contact the other organisation to establish whether the other organisation or the HGI is best placed to deal with the matter in the first instance. Do you give permission for the HGI to contact the other organisation?

Yes

☐

No

☐

If you ticked 'Yes', please provide contact details of the other organisation:

Name

Address

Postcode

Telephone

What has been the response of the other organisation?

Please keep us informed of the progress of your complaint to the other organisation, including the final outcome.

Have you have started legal proceedings in relation to your complaint?

Yes

☐

No

☐

Please note that if you ticked 'Yes', the HGI Registration and Professional Standards Committee (RPSC) can take no action in relation to your complaint until the legal proceedings have been completed.

Authorisation for release of case notes to enable complaint investigation

Please complete the section at the very end of this form to authorise the release to the Human Givens Institute of any case notes relevant to the matter about which you have made a complaint.

Further Information

If you are including any documents with this form, please list them here.
(If you are e-mailing this form, any documents should be attached with your completed form. Otherwise, paper copies can be posted to the address provided on the form.)

Please use this space to provide any further information that might help us to deal with your complaint.

I hereby confirm that:

- a) to the best of my knowledge, the information provided on this form is true and accurate; and
- b) I consent to the information I have provided being passed to the HGI Registration and Professional Standards Committee (RPSC) to assist it in reaching an informed decision regarding my complaint. Note: We will manage the information you provide in accordance with the provisions of the Data Protection Act (DPA) 1998: <https://www.gov.uk/data-protection>

Signed

Please type or sign your name

Date

Please e-mail your completed form to rpsc@hgi.org.uk or send it to the HGI Membership Secretary, Human Givens Institute, Chalvington, East Sussex, BN27 3TD, marking the envelope 'Private and Confidential'. We will acknowledge receipt of your complaint within seven working days.

**Authorisation for release to Human Givens Institute
of therapist's case notes**

I, [insert name here:]

of [insert address here:]

.....

hereby authorise the Registration and Professional Standards Committee (RPSC) of the Human Givens Institute (HGI) to receive copies of any case notes and forms relating to my counselling and all associated dealings as conducted by:

[insert therapist's name here]

on [insert dates here]

Signed:

Date:

If you need to, please use the space below to add to your description of what happened (see page 2).