
ACAT COMPLAINTS REFERRAL FORM

Appendix 4: ACAT Concerns and Complaints Procedure

Please complete and sign this Complaints Referral Form and return in confidence to:

The Chair of the ACAT Ethics Panel
C/o The ACAT Administration Manager
Association for Cognitive Analytic Therapy
PO Box 6793
Dorchester
DT1 9DL

Please also email an electronic copy to admin@acat.me.uk

A formal complaint should be lodged within three years of the occurrence of the conduct being complained about. Concerns and complaints outside this period will only be considered in exceptional circumstances.

Please also see the ACAT Concerns and Complaints Procedure, Flowchart, ACAT Code of Ethics and Practice, and associated policies for further information, available on the ACAT website.

Section One: About You

Full name
Address for correspondence
Post Code
Email address
Contact Telephone Numbers
Mobile
Landline



Section Two: Details of the Complaint

Please give the full name of the ACAT member about whom you wish to raise a concern or complaint

Please give the dates of the beginning and end of therapy and when the event or events occurred

Please give details of the setting in which the event or events occurred

Please give a brief description of the event or events which is / are the subject of your complaint

You may find it helpful to say:

1. Something about why you went into therapy
2. A brief description of the circumstances leading to your complaint
3. Details of any records or written evidence

Use a continuation sheet if you need to but please try to limit yourself to 500 words. We will ask for more information when the complaint is investigated.



Have you raised your concerns directly with the member of ACAT concerned? Please circle as appropriate.

Yes No

If Yes: Please describe what happened as a result

If No: Please explain briefly why not

Has there been any attempt to resolve the matter with the member of ACAT using mediation or other service? Please circle as appropriate.

Yes No

If Yes: Please attach copies of any previous correspondence relating to this matter with this referral form and briefly detail below

If No: Please give a brief explanation as to why no attempt to resolve the matter has been made



To your knowledge, has this matter already been investigated as a complaint or grievance by another organisation? Please circle as appropriate.

Yes No

If Yes: Please detail below and attach any correspondence relating to this matter

Were there any witnesses to the event / events that are the subject matter of your complaint?
Please circle as appropriate:

Yes No

If Yes: Please attach copy of any witness statement

Please attach any other documents you consider relevant to the complaint.



Section Three: Consent

In order to investigate your concerns or complaint, ACAT requires your permission to send a copy of this referral form to the person being complained about, so they can respond to ACAT. By signing and dating below, you are giving ACAT that consent.

ACAT's Concerns and Complaints Procedure is designed to be transparent to promote respect and fairness to both parties. In very exceptional circumstances, ACAT may progress a complaint where the complainant requests their identity to be withheld. If you wish to do this, please discuss the matter with the Complaints and Conduct Officer who made initial contact with you, before you sign this form.

Your name in full:

Signature

Date:

The Chair of the ACAT Ethics Panel
C/o The ACAT Administration Manager
Association for Cognitive Analytic Therapy
PO Box 6793
Dorchester
DT1 9DL

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Thank you for completing and returning this form.

Form approved at ACAT's AGM 11th July 2014