

## Complaints Form

### Making a complaint against a National Hypnotherapy Society Practitioner.

This is the information we need if you want to make a complaint against a member. You need to read the relevant section on our website at [www.nationalhypnotherapysociety.org](http://www.nationalhypnotherapysociety.org) before you complete this form.

If you need help with this form, please call the National Hypnotherapy Society's Ethics Officer on: 01903 236857- and select the complaints department. Please leave your name, contact number and a brief message and they will call you back.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number (incl. area code): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I can confirm I am a client

Yes

No

If you have ticked no, please specify your role in the complaint:

\_\_\_\_\_  
\_\_\_\_\_

### 1. The person you are complaining about:

Please provide as much information as possible on the person you are complaining about.

Name: \_\_\_\_\_

Therapy Practised e.g. psychodynamic, CBT: \_\_\_\_\_

Address : \_\_\_\_\_

Membership number (if known ): \_\_\_\_\_

**2. When did the issue take place?**

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**3. Where did the issue take place?**

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**4. Please tell us what you believe happened**

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**5. Did anyone witness this? If so, please provide their contact details**

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**6. Has this been reported to anyone else? E.g. the police, the person's employer etc.  Yes  No**

If you have ticked yes, please provide details below. If you have ticked no, please go to question 8

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**Contact details:** Please provide the contact details of whom this was reported to.

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone number (incl. area code): \_\_\_\_\_

Email: \_\_\_\_\_

**7. What was their response?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Please contact us with any progress on the incident you have reported.**

**8. Please provide any additional information that may help us with this matter.**

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9. Please use the following to list any documents you are including with this form:

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10. How would you like to see this complaint resolved? E.g. refund, apology, suspension of membership etc.

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Signed: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Please send us your completed form and any additional information to the below address.

Either:

C/O Ethics Officer  
National Hypnotherapy Society,  
19 Grafton Road,  
Worthing,  
West Sussex,  
BN11 1QT

Or

[ethics@nationalhypnotherapysociety.org](mailto:ethics@nationalhypnotherapysociety.org)

We will acknowledge receipt of your complaint and keep you informed of the next steps.