

Expression of Concern

Please use this form to raise a concern about a psychotherapist registered with the General Psychotherapy Council (GPsyC).

The GPsyC cannot investigate concerns or complaints that are being or have already been addressed by other organisations.

CONTACT DETAILS

Complainant (Client) Details
Name:
Address:
Email:
Telephone:
If you are contacting us on behalf of someone who wants to make a complaint, please provide your contact details below. Name: Address: Email: Telephone:



COMPLAINT DETAILS

Details of the GPsyC registered practitioner you a	re complaining about:							
Practitioner Name:								
GPsyC Registration No:								
To help us assess your complaint, please confirm o	of the following:							
I'm a client who has received psychotherapy from the GPsyC registered practitioner detailed above.								
I am making a complaint on behalf of another person, who has received psychotherapy from the GPsyC registered practitioner detailed above.	 If you've ticked this box, please include with this form: Written permission from the person you're making this complaint on behalf of, giving you permission to make this complaint on their behalf. An explanation of why this person is unable to make the complaint themselves. 							
I am the legal guardian or authorised adult of a minor or adult lacking legal capacity to make this complaint.	If you've ticked this box, please include with this form: Documentary evidence that the person you are complaining on behalf of is a minor or lacks legal capacity.							



What were the start and end dates of the psychotherapy sessions?
When did the specific matter of contention occur?
Explain the nature of the complaint; please be specific and provide clear details where possible.



cont	



Please provide any further information – such as, any steps taken to try to resolve the matter directly with the practitioner – which might assist us in assessing your complaint:
Have you made a complaint to another body or organisation regarding this complaint?
If 'Yes', please tell us the name of that body or organisation.



SUPPORTING EVIDENCE

Please	attach	any	evidence,	document/	ation	that	can	help	US	address	your	complaint?	Supporting
docume	entation	migh	nt include,	messages,	, ema	ils or	letter	s, for	exar	mple.			

CONSENT

In addition to the GPsyC having sight of this form, I understand that a copy of this complaint form and any supporting material will be sent to the GPsyC registered practitioner I am complaining about.

Print Name:	
Signature:	Date:

We will only use the information you have provided for the purposes of administering your complaint.

Send us this completed form, by email or post, together with all supporting documents to:

contact@gpsyc.org

or

General Psychotherapy Council Registrar 85 Wimpole Street London W1G 9RJ