



# The Terence Watts BWRT Institute

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## COMPLAINTS PROCEDURE

The purpose of the BWRT Complaints Procedure is to provide an open and transparent way for clients or other therapists to raise a complaint against a BWRT registered therapist/trainer against whom an allegation of professional misconduct has been made under the Institute's Code of Ethics and Standards: [https://www.bwrt.org/BWRT\\_Ethics.pdf](https://www.bwrt.org/BWRT_Ethics.pdf)

### Criteria for Complaints

1. The complaint must relate to a BWRT registered therapist/trainer at the time of the alleged professional misconduct.
2. A complaint may be submitted up to three years following the termination of the professional BWRT relationship.
3. A complaint may be submitted where a complainant becomes aware of the alleged misconduct of another BWRT practitioner/trainer and has evidence in support of the allegation.

If your complaint does not satisfy the above criteria, it will be returned to you with an explanation of why it does not meet the criteria.

### Excluded Complaints

- Complaints for which legal action is proposed or is in progress, including those that are subject to Criminal or Civil Law.
- Complaints about professional misconduct that occurred more than three years following termination of the relationship.

### Disciplinary Procedure

If a complaint is upheld, the BWRT registered therapist/trainer can be disciplined by one or more of the following:

1. Issued with a formal requirement for re-training or specific changes/improvements in their practice by a specific date.
2. Suspension and withdrawal of any professional status or rights conferred by their membership of BWRT.
3. Termination of their BWRT membership with their details deleted from the BWRT website.

Please note that it is outside the remit of The Institute to prevent a therapist from continuing to practice or obtain financial compensation or reparation for the complainant.

Additional Disciplinary Procedure outlined under the BWRT Code of Ethics will apply.

## **MAKING A COMPLAINT**

There are two types of complaints; Informal and Formal.

Please keep a written record of your actions.

### **Informal Complaint**

1. A complainant wishing to make a complaint should first try to resolve any grievance directly with the therapist/trainer before making a formal complaint.
2. Calmly state the nature of your complaint and what the therapist can do to redress the situation.

### **Formal Complaint to BWRT (The Institute)**

If the issue remains unresolved, the attached Complaints Form should be completed and emailed to John Cinderey, Professional Standards Officer BWRT [complaints@bwrt.org](mailto:complaints@bwrt.org) who will arbitrate and/or refer the matter to the Ethics Committee for adjudication.

## **PROCESS**

1. Your email with enclosures will be acknowledged within 7 working days.
2. Following investigation, a final response will be issued within 21 working days or if circumstances do not permit this, you will be advised of the progress of the investigation and likely timeframe for resolution and closure of the complaint.
3. All formal complaints will receive a final response by letter or email from the Professional Standards Officer.

## **APPEALS PROCEDURE**

If you are dissatisfied with the final response, you can appeal the decision to the Ethics Committee within six weeks of the date of the final response email/letter on the following basis:

1. New evidence had come to light and must be provided.
2. The final response was not justified due to the weight of existing evidence.

Copies of your signed BWRT Contract and receipt for services must be included.

The Ethics Committee's decision following appeal and review is final.

*Strictly Confidential*

## **COMPLAINT FORM**

### **Details of Complainant:**

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

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

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

### **Details of BWRT Registered Practitioner/Trainer:**

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

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

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

**Date of alleged Professional Misconduct:** \_\_\_\_\_

### **Details of Incident:**

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

### **Complainant's consent for BWRT to contact named Witness:**

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

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

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

(Signed consent of additional witnesses (if any) can be documented on the reverse of this form)

**Details of attempt to resolve issue to date or reasons for not doing so:**

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

**Details of how matter can be resolved to your satisfaction:**

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

**DECLARATION:**

1. I declare that the information given in relation to my complaint is accurate.
2. I have enclosed copies of all relevant documentation (signed Contract and receipts).

3. In accordance with GDPR, I consent to information being disclosed to the appropriate parties.
4. I consent to the BWRT contacting me by phone and/or email. (If not tick this box: )
5. If I am not satisfied with the final response, I confirm that I will abide the Ethics Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>FOR OFFICE USE</b>			
Date of Receipt		Received by	
Complaint acknowledged <i>(within 7 days)</i>		Date therapist notified	
Complainant notified of outcome <i>(within 21 days)</i>		Therapist notified of outcome <i>(within 21 days)</i>	
Appeal Received <i>(6 weeks from notification of outcome)</i>		Complaint closed – all parties advised	

**Recommendation/Rationale:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Decision Confirmed on (date):** \_\_\_\_\_

**Signed by:** \_\_\_\_\_  
*Professional Standards Officer      Society Member      Society Member*

\_\_\_\_\_  
*Chair – BWRT (in case of appeal only)*

\_\_\_\_\_  
*Date*