



Complaints Form for a complaint against an Accredited member of SNTR

Before lodging a complaint

If you are not satisfied with the services provided by a SNTR member, or you have concerns about the conduct or performance by an SNTR member it is your right to make a complaint.

SNTR suggests addressing your concerns with the therapist, however, if you do not feel comfortable talking with the therapist you may lodge a complaint with us using the complaints form.

SNTR will endeavor to help you and your therapist to resolve your complaint.

Here are some important things to keep in mind:

- *SNTR will not address any complaints made against one of our members that are vexatious in nature, or the complaint is outside of our scope to review.*
- *We don't take sides*
- *We have no power to force an outcome.*
- *We decide when a complaint has been adequately considered.*
- *We don't lay blame or award compensation*
- *SNTR does not have the legal power to direct a member to pay damages/compensation, alter fees, provide a health care treatment, or alter a client's treatment or other records.*
- *If this constitutes a crime such as an assault, please contact your state police.*
- *If this results serious injury which needs hospitalisation please contact your state health commissioner first.*

All persons, including those against whom there has been an allegation reserve the right natural justice and the details of the complaint (either redacted or in its entirety) will be made available to the member.

Section 1: Complainant Information *(not required for anonymous complaints)*

Full Name: _____

Contact Number: _____

Email Address: _____

Preferred Method of Contact: () Phone () Email

Relationship to the SNTR therapist:

() Patient/Client

() Family Member

() Healthcare Professional

() Other (Please specify): _____

Type of therapy provided: _____

Was Private Health Insurance used to claim for the service? Yes / No / Unknown:

If yes, what was the health fund: _____

What was the provider number: _____

If yes or unknown please include a copy of your receipt and eftpos terminal print out.

Section 2: Respondent (Certified Practicing Therapist) Information

Name of Certified Therapist: _____

SNTR Membership Number (if known): _____

Practice Address (if known): _____

Practice Contact Number (if known): _____

Section 3: Complaint Details

Date of Incident: _____

Location of Incident: _____

Health service clinic:

Name of clinic (or Business Name):

Was this treatment done in: Clinical Setting / Their Home / Your home / Workplace

Clinic address:

Suburb/town:

State:

Post code:

Daytime telephone:

Mobile:

Email:

Other involved parties:

Name:

Role:

Involvement:

Name:

Role:

Involvement:

Nature of Complaint:

(Please tick the relevant box or boxes)

- ☐ Alleged breach of SNTR Code of Conduct
- ☐ Non-compliance with Mandatory Declarations
- ☐ Failure to meet Fitness to Practice requirements
- ☐ Professional Misconduct
- ☐ Other (Please specify): _____

Description of the Complaint:

(Please provide a detailed account of the incident, specifying actions or behaviour that you believe breached the SNTR Code of Conduct, Fitness to Practice, or professional standards. You may attach additional pages if needed.)

Section 4: Supporting Evidence

Do you have any supporting evidence?

- ☐ Yes (Please attach copies of documents, photos, or other relevant materials)
- ☐ No

List of Attached Documents (if any):

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Section 5: Preliminary Actions

Have you raised this issue with the SNTR practitioner directly?

- ☐ Yes
- ☐ No

If so, on what Date: _____

If you have received a response from the provider, please attach a copy of the correspondence.

Have you raised this complaint with another organization? Yes / No

State Police State Health Complaints Other (who) _____

If you have received a response from them, please attach a copy of the correspondence.

If the health service was more than two years ago, when did you become aware of the problem?

Time Limit

Your written complaint must usually be received by us within one year of the date of the health service.

If you are trying to resolve your complaint directly with the provider and the one year is almost up, submit a written complaint to us.

If Yes, what was their response?

Have you reported this complaint to any other authority (e.g., Health Complaints Commissioner)?

() Yes

() No

If Yes, please provide details:

Section 6: Desired Outcome

acknowledgement

apology

explanation

policy/process change

refund

disciplinary action

Other (*Please supply details*)

What outcome or resolution would you like to see as a result of this complaint?

Section 7: Consent for Mediation and Confidentiality

Would you consent to mediation as part of the resolution process?

() Yes

() No

Do you consent to SNTR sharing your complaint with the respondent for the purpose of addressing this issue?

() Yes

() No

Section 8: Declaration

I declare that the information provided in this complaint form is true and accurate to the best of my knowledge.

Signature: _____ (not required for anonymous complaint)

Date: _____

Section 9: Submitting the Complaint

Submission Instructions:

Email: Please send the completed form and any supporting documents to

SNTRsecretary@gmail.com

Mail: Alternatively, mail the form to:

**The SNTR Secretary,
Complaints Committee
62 Spanns Road,
Beenleigh QLD 4207.**