

## **Make a complaint**

The Society of Australian Sexologists Ltd has a Code of Ethics and Practice that Members must abide by. This Code of Ethics applies to any activity that the Member undertakes professionally or personally which may affect their professional practice, either directly or indirectly.

Complaints must be made according to the Complaints Procedure outlined in the Constitution and By-Laws of the Society of Australian Sexologists Ltd.

Complaints must be initially made using the Society of Australian Sexologists Ltd Complaints Form (below).

Complaint enquiries can be directed to the Chair of the Governance and Ethics Sub-Committee [ethics@societyaustraliansexologists.org.au](mailto:ethics@societyaustraliansexologists.org.au)

## **Before making a complaint:**

Please confirm the person you wish to complain about is either a Student Member, General Member or Accredited Member of the Society of Australian Sexologists Limited.

This form is designed to collect sufficient information for the Society's Governance and Ethics Sub-Committee to assess the complaint as acceptable under the Society's Constitution, By-Laws and Code of Ethics and Practice.

## **Completing the Form**

- If you require extra space, please email additional information and supporting documentation separately to [ethics@societyaustraliansexologists.org.au](mailto:ethics@societyaustraliansexologists.org.au)
- You will be required to provide the details of the complaint including:
  - What happened?
  - Who was involved?
  - When did it happen?
  - Why it caused you concern?
- It is important to include dates, times, places, and people that are relevant to this complaint.

## **Once Completed**

Once completed the form will be sent to the Governance and Ethics Sub-Committee for review in accordance with the Complaints Procedure outlined in the Constitution and By-Laws of the Society of Australian Sexologists Ltd.

FORM

1. This complaint is about:

<input type="checkbox"/>	Student Member	<input type="checkbox"/>	General Member
<input type="checkbox"/>	Associate Psychosexual Therapist	<input type="checkbox"/>	Clinical Psychosexual Therapist
<input type="checkbox"/>	Associate Sexuality Educator	<input type="checkbox"/>	Clinical Sexuality Educator
<input type="checkbox"/>	SAS Accredited Supervisor	<input type="checkbox"/>	

2. Details of the person/organisation who has received the service:

Person  Organisation

Mr/Mrs/Ms/Miss/Dr/Other \_\_\_\_\_

Last Name/Surname: \_\_\_\_\_

First/Given Name: \_\_\_\_\_

Name of Organisation (if applicable): \_\_\_\_\_

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

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Best Contact Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Interpreter required: Yes  No

3. Details of person or organisation who is making this complaint:

As above, I am making the complaint about the service I received

OR

I am making this complaint on behalf of the person who received the service.

OR

I am making a complaint about the service received by another person which has impacted on me/other parties in relationship to the person who receive the service

OR

As above, complaint by an organisation

Relationship to the person who received the service:

Parent or guardian of a child under 18 years of age

Legal guardian

Relative (please state)

\_\_\_\_\_

Health professional

Consumer advocate

Member of the public

Other (please state)

\_\_\_\_\_

4. Details of the provider of the service:

Mr/Mrs/Ms/Miss/Dr/Other \_\_\_\_\_

Last Name/Surname: \_\_\_\_\_

First/Given Name: \_\_\_\_\_

Name of Organisation/Business (if applicable) \_\_\_\_\_

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

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Best Contact Telephone Number: \_\_\_\_\_

5. Details of the complaint:

Please list the clauses from the Code of Ethics that you believe to have been breached and then attach a more formal and detailed statement providing examples of each breach. Please note that if you have more substantial documentation or evidence to submit, you should indicate that this is available and it can be provided later in the complaints process if required. Your attached statement will be forwarded to the respondent in due course.

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6. Have you already attempted to address this complaint?

Yes  No

If yes, please outline what you have attempted and the outcome.

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If no, please outline why you have not done so.

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7. The outcome sought from this complaint:

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8. Privacy considerations:

If you make a complaint, personal information about you and the complaint will be collected by SAS Ltd and discussed in the prescribed SAS Ltd Complaints Committee process. All personal information will be treated in accordance with the *Personal Information Protection Act 2004*.

In order to review this complaint, a copy of the formal and detailed statement providing examples of each breach of the SAS Ltd *Code of Ethics and Conduct* will be forwarded to the person(s) named in Section 4, as the provider of the service. In the case of third party complaints, the client recipient of the service will also be notified that a complaint has been lodged.

I agree to a copy of my complaint being sent to the respondent:    Yes     No

If you do not wish to happen, please outline your reasons:

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9. Consent and Declaration:

*Please note: if SAS Ltd deems this complaint to be of a significantly serious nature it will be forwarded to an appropriate external agency such as the Health Care Complaints Commission or the police.*

Please complete only **ONE** of the following:

**a. I am the person/organisation who received the service and am lodging this complaint:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**b. I have the consent of the person who received this service to lodge this complaint s follows:**

I, \_\_\_\_\_ give permission  
(Person who received service)

to \_\_\_\_\_ to lodge this complaint on my behalf.  
(Person making complaint)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**c. I do not have permission of the person who received this service to lodge this complaint, however, I believe this complaint should be investigated because:**

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_