



**Hong Kong Association of Doctors
in Clinical Psychology Limited**
香港臨床心理學博士協會有限公司

Complaint Form

This form should be completed by anyone wishing to lodge a formal complaint against a member of Hong Kong Association of Doctors in Clinical Psychology (HKADCP). A complaint cannot be investigated unless a signed written complaint form is received.

The complainant may find the information sheet on “Complain Procedures”(Form C1) and the “Bylaws and Code of Ethics” helpful in formulating a complaint. Both of these are available from the HKADCP Website: www.hkadcp.org.hk

This Form is designed to gather information that will be helpful to the HKADCP Ethic Sub-committee in handling your complaint. You are required to put a tick (✓) in the correct box for each question. Please also note that a copy of this form(excluding the consent authorization form) will be provided to the psychologist against whom the complaint has been made, i.e. the respondent.

Please post this form with the required attachments to:

*The Chairperson of Ethic Sub-committee
Hong Kong Association of Doctors in Clinical Psychology
Rm. 703, No. 555 Nathan Road
Kowloon
Hong Kong*

Hong Kong Association of Doctors in Clinical Psychology

Address:
Rm. 703, Kowloon Building,
No. 555 Nathan Road, Kowloon
Hong Kong
Tel: (852) 52871091

Website: www.hkadcp.org.hk
Email: info@hkadcp.org.hk

SECTION A: Your details

1. Is your complaint about more than one psychologist of HKADCP?
 Yes (Please complete a separate complaint form for each psychologist)
 No

2. What is your role in this complaint?
 The client of the psychologist subject to this complaint
 Other, please specify _____

3. What is your name?
Title: Mr/Mrs/Miss/Ms/Dr
Full name _____

4. What are your contact details?
Mailing address: _____
Phone: _____
Email: _____

5. If we need to speak to you, will you require an interpreter?
 Yes, please specify what language _____
 No

6. Are you making this complaint on behalf of a client of the psychologist (respondent)?
 Yes (please also complete SECTION C)
 No

SECTION B: About the Psychologist (Respondent)

7. Who is the psychologist this complaint is about?
Title: Mr/Mrs/Miss/Ms/Dr.

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Full name: _____

HKADCP Registration Number (if known): _____

8. What are the psychologist's contact details?

Mailing address: _____

Phone: _____

Email: _____

SECTION C: About the Client

9. Do you have the client's consent or knowledge?

Yes No

(Note: You may still make a complaint without the client's consent or knowledge. It is preferable, however, for you to inform the client of your actions and request the client to complete Consent authorization form A or form B attached to this form as appropriate.)

10. What is the client's name?

Title: Mr/Mrs/Miss/Ms

Full name _____

11. What are the client's contact details?

Mailing address: _____

Phone: _____

Email: _____

12. If we need to speak to the client will he/she require an interpreter?

Yes, please specify what language _____

No

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SECTION D: Your Description of What Happened and/or Your Concerns

13. Please describe what happened or what you are concerned about, including the place, date and time the event(s) occurred. Where appropriate, please include the names and contact details of any witnesses.

(Attach additional sheets if more space is required, with your name clearly marked on each page.)

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14. Do you have supporting documentation from the event(s)?

Yes (please attach all available supporting documentation that may be pertinent)

No

15. Have you discussed your concerns directly with the psychologist?

Yes No



(Please provide date and result of your discussion below)

16. Have you made a complaint to another organization about this matter?

Yes No



(Please provide name of the organization _____)

Date you lodged the complaint: _____)

17. What are your expectations on this complaint?

SECTION D: Authorization

Before you sign and date this form: Make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing.

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Complainant's authorization

- I ask that HKADCP investigates the issues described in this complaint form.
- I am aware that HKADCP may send a copy of this form(excluding the consent authorization form)and attachments to the psychologist concerned.

Name of Complainant: _____ Signature _____

Date: _____

SECTION E: Consent Form

18. Are you the client?

Yes (please sign Consent authorization form A attached to this form)

No (please sign Consent authorization form B attached to this form)

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Consent authorization form A

If you are the client, please sign and complete this form.

I, _____ (*full name*), HKID/ID/Passport No.

_____ hereby consent for Hong Kong Association of

Doctors in Clinical Psychology (HKADCP) to be authorized to:

1. Access information related to the complaint.
2. Provide relevant information to the psychologist who is the subject of the complaint in order to obtain a response.
3. Provide relevant information to any necessary experts in order to obtain independent opinions in relation to the complaint and associated issues.

Name of Client: _____ Signature _____

Date: _____

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Consent authorization form B

If you are the client's legal guardian because the client does not have the capacity to make decisions, please sign and complete this form.

I, _____ (*full name*), HKID/ID/Passport No.

_____ am the legal guardian of _____

_____ (*client's fullname*), HKID/ID/Passport No. _____

_____ and hereby consent for HKADCP to be authorized to:

1. Access information related to the complaint.
2. Provide relevant information to the psychologist who is the subject of the complaint in order to obtain a response.
3. Provide relevant information to any necessary experts in order to obtain independent opinions in relation to the complaint and associated issues.

Where the client does not have the capacity to sign, please attach evidence of your position as the authorized legal guardian of the client.

Name of Client's legal guardian: _____

Relationship with Client: _____

Signature: _____

Date _____

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SECTION F: Statutory Declaration (Under the Oaths and Declarations Ordinance, Cap. 11, Laws of Hong Kong)

19.I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance, I solemnly and sincerely declare that:

- i. I declare that all information provided in this complaint form, and the information provided in support of this complaint, are true and correct, and that I am the person named in the complain form.
- ii. I make this declaration in the knowledge that a false statement may amount to perjury.

Full Name _____ **Signature** _____
(Complainant) (Complainant)

Declared at _____ **this** _____ **day of** _____ **20** _____
(location) (date) (month) (year)

Before me _____ **Signature** _____
(Full Name and Signature of person authorized to take a Statutory Declaration)

Address: _____

Occupation: _____

NOTE FOR APPLICANTS: If the Statutory Declaration is made in Hong Kong, it **must** be made before a person entitled under the Oaths and Declarations Ordinance, Cap 11, Laws of Hong Kong to take statutory declarations (e.g. The Commissioner for Oaths in the Home Affairs Department).

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