



NSCCT
Nova Scotia College of
Counselling Therapists

COMPLAINT FORM

Use this form **only** if you are filing a formal complaint against a Registered Counselling Therapist (RCT) or Registered Counselling Therapist-Candidate (RCT-C). For more detailed information about the complaints process please see the web page [Filing a Complaint](#) .

The Nova Scotia College of Counselling Therapy (NSCCT) is the public-interest regulator for Registered Counselling Therapists (RCTs) and Registered Counselling Therapist Candidates (RCT-Cs) in the Province. NSCCT registers and licenses counselling therapists, and is mandated by the [Counselling Therapists Act](#) and the [Counselling Therapist Regulations](#) to accept, investigate and adjudicated complaints of professional misconduct, incompetence, incapacity and conduct unbecoming, brought forward against a registrant of the College by:

- A client
- A fellow registrant
- Another health professional
- Any member of the public
- An organization or employer

If you would like to discuss any concerns you may have about a counselling therapist, or if you are uncertain whether a concern you have is grounds for a complaint, please contact the [Executive Director & Registrar](#) for advice. Contacting the College to ask questions or to seek guidance does not mean that you are filing a complaint.

If you require assistance in filling out the Complaint Form, or with any other aspect of filing a complaint, please contact the [Administrative Coordinator](#).

Please note that there is **no fee** for filing a complaint with the College.

When completing the form, please attempt to provide as much information as possible. However, at this stage in the process it is acceptable to provide partial or incomplete information.

PERSON REGISTERING A COMPLAINT

Name:

Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Email Address:

CLIENT INFORMATION (IF DIFFERENT FROM THE PERSON REGISTERING THE COMPLAINT)

Name:

Address:

City:

Province:

Postal Code:

Country:

Phone Number:

If you are making a complaint on behalf of or regarding a client of an RP, the College will request consent from the client to release confidential information. If you are not the client or the person directly involved in the incident(s), please describe your relationship to that individual:

Parent

Spouse

Child

Relative

Healthcare Professional

Lawyer

Friend

Other:

Is the client aware that you are making this complaint?

Yes

No

If no, please explain why the client is not aware that you are making this complaint:

REGISTERED COUNSELLING THERAPIST ABOUT WHOM YOU ARE COMPLAINING

(PLEASE COMPLETE ALL KNOWN INFORMATION)

Name:

Business Name:

Address:

City:

Province:

Postal Code:

Country:

Phone:

NSCCT Registration /License #:
(If known)

COMPLAINT DETAILS

Date(s) of incident(s):

Location(s) of incident(s)

Please describe in as much detail as possible, your concerns about the Counselling Therapist's care, behaviour, etc.:

Names and contact information for witnesses or anyone else involved in this matter (please note that witnesses may be contacted by the College):

Please attach any documents you may have that support your complaint, and provide an explanation below of how each document relates to your concerns. 'Documents' may include screen-shots of texts, audio tapes, emails, etc.

I am providing supporting documents

By entering my name below, I understand that I am filing a formal complaint against a Registered Counselling Therapist.

Please note:

1. In many cases, the College will need to obtain the member's clinical record/notes about the client's care. If you have a concern about this, please contact the [registrar](#) before filing your complaint.
2. If you are a regulated health professional or employer filing a mandatory report, do not use this form. Rather, send the information in a fax, letter or email to the attention of the Registrar. (A mandatory report is information about a member's conduct that other regulated health professionals or employers are legally required to submit to the College.)

Name:

Date:

Thank you for bringing your concerns to our attention.