

Complaint Form

You have requested this form intended to give you an opportunity to explain and express your concern(s). Please take the time to complete the information below and submit it to the facilitator or send to the address listed below. This information will be treated with extreme care.

Name _____ Degree _____ License Type & # _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Program: Conducting Therapy in Spanish and Working with the Latino Population

Presenter: Veronica Gutierrez, Ph.D.

Date of Program: _____

Please provide a description of your complaint (who was involved and sequence of events)

Proposed resolution (what you would like to see happen)

Procedures: Once your form is submitted, it will be reviewed by the facilitator or administrator and action will be taken to resolve the situation presented if it is clear that it can be resolved by one individual. If the complaint requires review and consideration from the assigned committee, it will be reviewed with the committee and a response or intervention will then be executed. If the complaint requires consultation with the association to which the participant is a member of, the facilitator or administrator will take this approach and then respond or intervene as necessary or required.

You will obtain a response to your complaint within 2 weeks. If you have any questions, you can contact **Veronica Gutierrez, Ph.D., 100 E. San Marcos Blvd, Suite 400, San Marcos, CA 92069 760-712-6833 / Info@SpanishforCounselors.com**