

WABA Complaint Form

Name, address, email and phone number (confidential information)

Date of complaint :

Date of event (or ongoing?):

Did you report the complaint and try to resolve the issue with the involved party? YES NO

If YES Please, write a short description of your experience
If NO explain why.

Do you want to remain anonymous?(Anonymity will reduce considerably potential actions) YES NO

Which describes you best: Client Student Practitioner Teacher Other

Date of complaint :

Date of event (or ongoing?):

Describe the nature of complaint straightforwardly as possible.

(Use separate page if necessary):

Which action would you like to see performed to deal effectively with your complaint? :

Which action could be taken to avoid a repeat of your complaint? :

Date and Signature of complainant (if possible) :

Submit your complaints via e-mail to this address: WABAethics@gmail.com
We advise that you fill the form on your computer/tablet than, print, copy and send back using the following formats: Word/PDF/JPG/TIF

Complaint recorded by: Reception Date: Comments and/or date of resolution:

