

COMPLAINT FORM

The American Board for Accreditation in Psychoanalysis (ABAP) responds to complaints regarding allegations of institutional conditions “by identifying significant cases of non-compliance with ABAP’s Standards for Accreditation.”

All institutes accredited by ABAP are required to have grievance and complaint policies and procedures in place that are well publicized and fairly administered. It is the responsibility of the complainant to first attempt to resolve the matter within the institute and to provide evidence that such effort has been made.

Please review Section IX, Complaints and Grievances Against Accredited Programs in the Handbook on Accreditation: <http://www.abapinc.org/wp-content/uploads/2015/09/Handbook-on-Accreditation-as-Revised-8-2-17-FINAL.pdf> for the complete policy and procedures for filing complaints with ABAP.

If necessary, attach additional documents to this form; and please number all additional pages. Include copies of documents that are relevant to the complaint. If you have further questions, contact Executive Director Sharyl Thompson at 763-561-1449 or sharyl@herconsultingllc.com.

COMPLETE THE FOLLOWING:

Institutional information: *(Institute named in the complaint)*

Institute Name:

Address:

City/Zip:

Complainant information:

Name:

Address, City, Zip:

Telephone

Email

Face-to-face student

Distance education student

Status in relation to the institution named in the complaint (check all that apply)

Student

Faculty

Staff

Other (please specify)

Currently enrolled/employed at the institution

Graduated

Withdrawn/left

On Leave

Terminated

Dates: (when(situation occurred through last day of resolution with the institute – m/d/y)

From:

To:

1. State the general nature of your complaint as clearly and concisely as possible. This statement helps ABAP staff determine if the complaint falls within the scope of ABAP's complaint policy

2. Describe the details of the complaint, including the timeframe when the events occurred. Note that except in extraordinary circumstances, ABAP does not consider complaints regarding matters that took place more than three years prior to the filing of the complaint. (Add attachment as needed.)

3. Which of ABAP's *Standards for Accreditation* does your complaint refer to? Identify the specific standard(s), paragraph(s), and sentence(s). In what way is the circumstance you describe an institutional condition (not an individual grievance) that may suggest a violation of the *Standards for Accreditation*?

4. List the steps you have taken to resolve the complaint, demonstrating that a serious effort has been made to pursue grievance or complaint procedures within the institute. Include relevant grievance and appeals processes at the institution as well as copies of all institutional correspondence relating to the complaint. (Attach documentation to support these efforts.)
5. Explain any other external channels you are pursuing to resolve the complaint, including litigation.
6. Summarize the resolution you are seeking.
7. List the documents you have included to support this complaint. In keeping with ABAP's complaint policy, materials should include "substantial evidence" that identifies "significant cases of non-compliance with ABAP's Standards for Accreditation." Materials should be limited and directly supportive of the complaint.

All boxes below must be checked and the form signed and dated before your complaint will be processed. Please acknowledge that:

I have read the ABAP complaint policy and agree this form constitutes my formal complaint.

I understand that ABAP does not

- consider anonymous complaints;
- adjudicate individual grievances;
- act on a complaint submitted on behalf of another individual;
- act as a court of appeal or regulatory body;
- intervene in an institute's internal procedures.

I authorize ABAP to provide my complaint and supporting documents to the institute involved, which means my identity will be made known to the institute.

I attest that the matter does not involve criminal conduct.

I hereby certify all the information I have given above is true and complete to the best of my knowledge.

Name of Complainant(s) (please print) _____

Signature(s)

Date

Please email to: sharyl@herconsultingllc.com

Or postal mail to:

**Sharyl Thompson
ABAP, Inc. Executive Director
5201 81st Ave. N.
Brooklyn Park, MN 55443**