WABA Complaint Form

Breeching or violation of Ethical standards, require the WABA Ethics Committee intervention.
The Scope of Practice (SOP) is available on the WABA webpage inside the Logbook.

WABA does not get involved in personal issues or differences of opinion.

Complaints should, as much as possible, be resolved independently of the Ethics Committee. Hence the WABA Ethics Committee encourages that complaints be first discussed with the parties involved prior to sending the formal complaint.

Intending to submit a complaint?

Then please read the below:

1. This word document allows a use on your computer.
   Please note that changing its content or structure is not permitted.
2. To insure its authenticity, we advise the following sequence:
   a) Fill the form on your computer/tablet
   b) Print
   c) Sign
   d) Scan or copy
   e) Send back using one of the following formats: PDF/JPG/TIF

In certain cases, the identity of the complainant can remain anonymous.
However, anonymity will reduce considerably the potential actions taken by the board.

If needed you can write in your own language and the appropriate ethics committee will translate.

Submit all complaints with this form via: WABAethics@gmail.com

The matter will first be discussed with the complainant, and then all parties will receive a copy of the complaint as appropriate.

Turn your phone and tablet into scanner by downloading the below application:
'CamScanner' (CS)
https://www.camscanner.com/

Contact details: (confidential information)

Full name:

Address:

Email:

Phone: (including country code):

Date of complaint:

Date of event (or ongoing?):

Did you try to resolve the issue with the involved party? YES □ / NO □

If YES, please write a short description of your experience:

If NO, please explain/provide a reason:

Do you want to remain anonymous? YES □ / NO □

Please be advised that anonymity will reduce considerably potential actions. Please add additional comments as needed.

Which describes you best:

Client □ Student □ Practitioner □ Teacher □ Other □

Describe the nature of your complaint straightforwardly as possible:

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?

Signature of complainant (if possible):

For WABA admin only

Complaint recorded by: **Reception Date:**

Comments and/or Date of resolution: