



New Zealand
PSYCHOLOGISTS BOARD
Te Poari Kaimātai Hinengaro
o Aotearoa

Raising a concern about a psychologist

The following form is designed to help you raise a formal complaint about a psychologist with the Psychologists Board. **This form is optional** but please note that a formal complaint to the Board must be in writing and must contain enough detail of your concerns to allow for a proper assessment and response. If you decide to use this form, please check that you have completed all the sections marked with an asterisk, as we need this information to help us review your concern. Once we have received and reviewed your completed form, we will be in touch to discuss your concern(s) and/or to inform you of the next steps.

The Board is only legally authorized to address concerns that relate to practitioners who, at the time of the events that gave rise to the concern, were registered with the Board. Concerns about non-psychologists can however be raised with the Health and Disability Commissioner (freephone 0800 11 22 33 or email hdc@hdc.co.nz). The Commissioner also offers an advocacy service that can assist people with raising concerns or writing formal complaints.

Please note: It is illegal for anyone not registered with the Psychologists Board to use the title “Psychologist”. To determine if a practitioner is registered as a psychologist you can either check our online Register (www.psychologistsboard.org.nz) or phone us (04 471 4580). If a practitioner who is not registered is using the title “Psychologist:” (in any form or in combination with other words) you can also contact the Ministry of Health’s Enforcement Team (www.moh.govt.nz).

BACKGROUND INFORMATION

Part A — How can we contact you?

***Name:**

***Postal Address:**

***Contact Phone number:**

Alternative Phone:

Email: (Can this email address be used for private material? Yes No)

Part B — Which psychologist(s) are you concerned about?

***Name of the psychologist(s) you are concerned about (enter full name if known):
(Add any additional names on a separate sheet if required)**

Name(s) of other providers or organisations involved if applicable (e.g., the Family Court, the Dept. of Corrections, a District Health Board):

If your concern is in regard to a Family Court Specialist Report Writer, what is the Family Court reference number?

If applicable, at which Family Court were/are your proceedings being held? (e.g., Manukau)

Part C — What are your concerns?

I wish to raise the following concern(s): as a formal complaint

***Date on which (or time period during which) the incident/events you are concerned about occurred:**

***What happened that has caused you to have concerns about this psychologist?**

(continued)

(Please attach additional sheets if required).

Any other information, including witnesses and a list of any relevant documents included with this form:

Details of any other action you have taken or organisations/persons you have already contacted about this matter:

What do you want to happen as a result of raising your concerns with the Board?

Date of completing this form:

Thank you for taking the time to let us know of your concerns.
Please send the completed form to either:

**New Zealand Psychologists Board
Post: PO Box 9644, Marion Square,
Wellington 6141**

OR

Email: complaints@nzpb.org.nz