

FORM DP01 – COMPLAINT FORM (alleged unprofessional/improper conduct)

Please read the **ACRP Disciplinary Policy and Procedure** and **Code of Ethics** on the ACRP website to confirm that your complaint is eligible.

Complete **Form DP01** clearly, truthfully, and in English. Ensure that all details, especially the contact details are correct. Keep copies of the completed form and all supporting documents for your records.

The complainant must sign the form and attach a copy of their ID / passport.

If you are lodging the complaint personally, complete **Part A-01**. If you are submitting the complaint on behalf of another individual or organisation, complete **Parts A-01** and **A-02** as applicable.

If the complainant is not the client/person who received the service, an affidavit or power of attorney must also be attached.

Submit the completed form and supporting documents to the relevant **Council office**:

CGMP/CMTP: andrea.leipoldt@acrp.org.za

CPSC: ilse.grunewald@acrp.org.za

Part A - 01: Complainant Details	
Title, full names and surname:	
ID or Passport number:	
Contact number:	
Email address:	
Province/suburb:	
Church/Ministry/Counselling practice:	
Relationship of the complainant to the Respondent (affiliate against whom a complaint has been lodged) Please indicate your relationship to the respondent. This information assists ACRP in understanding the context of the complaint and does not affect the impartial consideration of the matter:	
☐	Congregant / Member of the respondent's church or ministry
☐	Church leader (e.g. Pastor, Elder, Deacon, Ministry Leader)
☐	Colleague or fellow ministry/counselling practitioner
☐	Employer or Supervisor
☐	Employee or Volunteer

☐	ACRP affiliate or designation holder	
☐	Client or recipient of ministry/counselling services	
☐	Family member	
☐	Member of the public	
☐	Other (please specify):	
If applicable, briefly describe your relationship to the respondent:		
Part A - 02: Complainant's Representative Details (if applicable) – Complete this section only if the complaint is being submitted on behalf of the complainant:		
This complaint is lodged on behalf of an:	Individual ☐	Organisation ☐
Title, full names and surname of Representative:		
ID or Passport number:		
Contact number:		
Email address:		
Province/suburb:		
Church/Ministry/Counselling practice:		
Position/Capacity:		
Relationship to the Complainant:		
☐	Legal Representative	
☐	Church leader	
☐	Employer	
☐	Family member	
☐	Guardian	
☐	Authorised Representative	
☐	Other (please specify):	
Authority to Act:		
I confirm that I am authorised to submit this complaint and to correspond with ACRP on behalf of the complainant:	Yes ☐	No ☐
If YES , please attach written authorisation where applicable.		
Correspondence – Please indicate who should receive correspondence regarding this complaint:		

☐	The Complainant
☐	The Representative
☐	Both the Complainant and the Representative

Part B - Respondent Details (affiliate against whom a complaint has been lodged):

Title, full names and surname of Respondent:	
ID or Passport number (if known):	
ACRP Registration number (if known):	
ACRP Council (if known):	
Professional Designation (if known):	
Church/Ministry/Counselling practice:	
Position/Capacity:	
Contact number (if known):	
Email address (if known):	
Province/suburb:	
Other important details (if applicable):	

Part C - Nature of the complaint – Please indicate the category of complaint:

☐	Breach of the ACRP Code of Ethics
☐	Breach of Scope of Practice
☐	Misrepresentation of qualifications or designation
☐	Abuse of position or authority
☐	Professional misconduct
☐	Failure to comply with ACRP policies or rules
☐	Criminal conduct
☐	Other (please specify):

Part D - Details of the complaint:

Please provide a full description of the complaint, including the following:

- What happened [the incident(s)];
- Where and when it occurred (specify dates and times in as much detail as possible);
- Who was involved;
- Were there any witnesses;
- Which ethical or professional standards were allegedly breached;
- Any actions already taken.

(The details of the complaint should preferably be in the form of an affidavit. Attach additional pages if necessary).

Part E - Supportive Evidence – Please list all supporting documents attached:

☐	Correspondence
☐	Emails
☐	Letters
☐	Witness Statements
☐	Audio Recordings
☐	Video Recordings
☐	Photographs
☐	Court Documents
☐	Church / Ministry / Counselling Reports
☐	Affidavit(s)
☐	Other (please specify):
Number of attachments submitted:	

Part F - Witnesses – Please provide details of any witnesses:

Witness 1:

Title, full names and surname:		
Contact number:		
Email Address:		
Suburb/Province:		
Relationship to the matter/incident:		
Form DP04 – Witness Statement submitted:	Yes ☐	No ☐

Witness 2:

Title, full names and surname:		
Contact number:		
Email Address:		
Suburb/Province:		
Relationship to the matter/incident:		

Form DP04 – Witness Statement submitted:	Yes ☐	No ☐
Part G - Internal Church/Ministry Process:		
Has the complaint been reported to the church, ministry or organisation concerned?	Yes ☐	No ☐
If YES, name of Church/Ministry/Organisation:		
Date reported:		
Outcome (please attach copies of any reports, findings or correspondence):		
If NO, explain why:		
Part H - Related Processes – Is this matter currently being investigated by:		
Church or Ministry	Yes ☐	No ☐
Employer	Yes ☐	No ☐
Criminal Court	Yes ☐	No ☐
SAPS	Yes ☐	No ☐
Another Professional Body	Yes ☐	No ☐
Civil Court	Yes ☐	No ☐
If YES, provide details:		
Part I - Outcome of complaint:		
What outcome does the Complainant expect for this complaint? Please give a detailed answer and keep in mind that ACRP cannot award financial compensation. Any claim for financial compensation must be pursued through the appropriate legal process.		
Part J - Declaration:		
I hereby declare that: 1. The information contained in this Complaint and accompanying documents is true and correct to the best of my knowledge. 2. I understand that knowingly providing false, misleading or malicious information may result in the complaint being dismissed or other appropriate action to be taken. 3. I consent to ACRP processing and using the information provided for purposes of investigating and determining this complaint. 4. I understand that ACRP may request additional information before proceeding with the matter.		

5. I understand that this Complaint Form and accompanying documents forms part of the official disciplinary record and may be disclosed to the parties involved in the proceedings, where required for a fair disciplinary process and subject to applicable legal and confidentiality requirements.
6. Where I am acting as the complainant's representative, I confirm that I have been authorised to submit this complaint on the complainant's behalf and, where required by ACRP, I will provide written proof of such authority.

Signature of Complainant/Representative:

Date:

For Office use only:

Complaint Reference Number:

Date complaint received:

Received by:

Complaint Form fully completed:

Yes ☐

No ☐

Respondent identified:

Yes ☐

No ☐

Respondent confirmed as an affiliate:

Yes ☐

No ☐

Alleged misconduct described:

Yes ☐

No ☐

Supporting documents attached:

Yes ☐

No ☐

Jurisdiction confirmed:

Yes ☐

No ☐

Further Information required:

Yes ☐

No ☐

Referred to:

☐ Ethics and Disciplinary Committee

☐ Investigation

☐ Alternative Resolution

☐ Matter Closed

Signature:

Date: