

Policy 2-8 Grievance Procedure for Workshops and Trainers

AMI is fully committed to conducting all activities in an ethical and professional manner, as outlined in these policies as well as in accordance with regional requirements. AMI and its certified trainers will comply with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of program participants. The monitoring and assessment of compliance with these standards will be the responsibility of the Administrative Team and the Board of Directors in consultation with the Director of Continuing Education.

When a grievance arises pertaining to AMI training programs or continuing education, the complaint is brought to the attention of the appropriate team member or committee as soon as possible, so that the nature of the concern may be addressed in a timely fashion, as per the statement below.

The complaint will be brought to the attention of the trainer within two weeks. All possible care will be taken to uphold the confidentiality of the complainant. The committee member and trainer will formulate a response to the complaint and recommend action, if necessary, which will be conveyed to the complainant. For example, a grievance concerning a speaker will be conveyed to that speaker and also to those planning future educational programs. A grievance concerning a workshop offering, content, facilities or costs may be resolved by modifications to future offerings, and/or by the trainer concerned providing a partial or full refund to the complainant, or an alternative opportunity to participate in another workshop, should that be possible.

The participant who initiated the grievance will be informed of the status of his/her complaint as the resolution progresses.

Suggested grievance procedure statement for brochures and other promotional materials created by or for use by AMI Certified Trainers:

In case of any dissatisfaction with this workshop, (symposium, conference), please notify the Director of Continuing Education, (734-761-6268) or info@metapsychology.org) either by phone, email or in writing as soon as possible, so that the concern may be addressed in a timely fashion.

Any complaint that may result in disciplinary action for a trainer or facilitator must be made in writing. A copy of the Complaint Form is included below.

Applied Metapsychology International Traumatic Incident Reduction Association Complaint Form

To be used in the case of a complaint with reference to an AMI certified and/or TIRA member
who is a practitioner or trainer in the subject

**Please send your completed complaint form to AMI,
5145 Pontiac Trail, Ann Arbor, Michigan 48105 USA**

Date: _____

1. Complaint in reference to:

Name of practitioner or trainer:

(TIRA Member, Certified Facilitator or Trainer)

Address: _____

(Location where services were delivered)

2. Complaint filed by: (must be signed at the bottom of this document, below)

Name (print): _____

Telephone _____

Address: _____

I would prefer to be contacted by telephone ____ by mail ____ by email ____

3. Description of services performed:

Date Services Performed: From: _____

To: _____

Frequency of services: _____

(Weekly, bi-weekly, monthly, etc.)

Amount charged (if relevant to this complaint): _____ (Hourly or otherwise)

Amount paid (if relevant): _____

Amount owed (if relevant): _____

4. List any materials or documents that you have included relevant to your complaint.

5. STATEMENT OF COMPLAINT

On a separate piece of paper, please describe any conduct that you believe to be improper, unethical, or otherwise below professional standards. Include sequence of events surrounding your complaint, reason for services, referral source (if any).

Please provide specifics, facts, and details.

1. List names, addresses and phone numbers of any witnesses who either have knowledge of the improper conduct or may have other relevant information. Briefly describe the information each individual possesses.

(It is entirely within the discretion and judgment of the relevant Committee(s) whether any or all of witnesses listed below will be contacted.)

a) _____

b) _____

c) _____

7. Have you sought mediation or any other avenue for complaint resolution? If so, please describe:

8. What outcome are you hoping for as a result of making this complaint?

9. Are you willing to give a sworn statement concerning the complaint?

YES _____ NO _____

10. CLIENT AGREEMENT TO RELEASE INFORMATION completed and attached? YES

_____ NO _____

By signing this complaint, I assert that all information is true to the best of my knowledge. I also acknowledge understanding that the AMI Board of Directors, Ethics Committee and Certification Committee neither constitute a licensing board nor a court of law and that their powers are limited entirely to matters involving TIRA Membership and AMI Certification.



Signature of Complainant

Date

***Supplemental sheets of paper may be attached to this complaint to provide additional information.

Mail completed form to the address found on the first page of this form.

Complete and sign the two Release of Information forms and return with the Complaint Form.

(Rev. 01/27/2014)

INFORMED CONSENT TO RELEASE CONFIDENTIAL INFORMATION, Specifically, TIR/Applied Metapsychology Session Notes

TO: _____

I, hereby authorize and instruct the above-referenced provider to release and furnish to Applied Metapsychology International, to be referred to the appropriate Committee Chair(s), any and all information in my records or files, (session notes and also specifically psychotherapy notes as defined in the US in the HIPAA federal guidelines). I hereby direct above named to release such information upon request to the appropriate AMI Committee Chair. This information is to be used solely for addressing this complaint.

This release form is valid for one (1) year from the date of signature indicated below.

Full Name of Client:

Current Address: _____

Telephone Number: _____

Signature: _____

Date: _____

INFORMED CONSENT TO RELEASE

CONFIDENTIAL INFORMATION

TO: _____

I, _____, hereby authorize and instruct the above-referenced provider to release and furnish to Applied Metapsychology International, any and all information in my records or files, including but not limited to any and all session notes, psychological records, prognosis, treatment plans, psychological test reports and raw test data, statements or reports, billing records, and other documentation describing treatment or evaluative services rendered.

This release form is valid for one (1) year from the date of signature indicated below.

Full name of Client: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____