After Trauma
Empowerment Network
(ATEN)

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Client/Peer Complaint Form

We value your feedback. This form is a way to share concerns, complaints, or suggestions about your experience with our services. Submitting a complaint **will not affect your access to care** or the quality of services you receive.

You may complete this form yourself or with support if needed.

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1. Client/Peer Information (Optional)

You may choose to remain anonymous. Providing contact information allows us to follow up if appropriate.

- Name (optional): _____
- Preferred name/pronouns (optional): _____
- Contact information (optional):
  ☐ Email _____
  ☐ Phone _____
- Are you currently receiving services with us? ☐ Yes ☐ No

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2. About Your Concern

- Date(s) of the incident or concern (if known):

  _____

- Type of concern (check all that apply):
  ☐ Therapy experience
  ☐ Boundaries or professionalism

☐ Safety or wellbeing
☐ Communication
☐ Access to services / scheduling
☐ Fees or billing
☐ Cultural sensitivity / discrimination
☐ Other: _____

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3. What Happened?

Please describe your concern in your own words. Share only what you feel comfortable sharing.

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4. Impact

If you'd like, describe how this situation affected you (emotionally, practically, or otherwise).

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5. What Would Feel Helpful Now?

You may check or describe what you are hoping for. This does not guarantee a specific outcome but helps guide our response.

☐ A response or explanation
☐ A change in services or practices
☐ Support in addressing the issue
☐ An apology or acknowledgment
☐ Referral to another provider
☐ I just want to share feedback
☐ Other: _____

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6. Safety Check (Optional)

If your concern involves feeling unsafe or harmed, please let us know so we can respond appropriately.

☐ I felt emotionally unsafe
☐ I felt physically unsafe
☐ I am concerned about someone else's safety
☐ Not applicable

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7. Follow-Up Preferences

- Would you like a response? ☐ Yes ☐ No
- Preferred method of contact (if applicable):
  ☐ Email ☐ Phone ☐ Written response

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8. Additional Information (Optional)

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9. Consent

By submitting this form, you understand that your feedback will be reviewed according to clinic policy. Information will be handled respectfully and confidentially, within ethical and legal limits.

Signature (optional): _____
Date: _____

What Happens Next

- Complaints are reviewed by designated staff not directly involved whenever possible.
- We aim to respond within five (5) business days.
- You will not be punished or denied services for raising a concern.
- If needed, you may also seek external advocacy or licensing board support.