**Oregon EMDR, LLC**

**Professional Trainee / Consultee Grievance Form**

It is the policy of Oregon EMDR to treat all colleagues, training participants and consultees with professionalism and to strive for excellence in providing services. Oregon EMDR policy provides training and consultation participants with the opportunity to express a problem or grievance related to the quality of services. If you feel you have been treated unfairly, unprofessionally or feel that your rights have been breached, the following procedure should be used.

After completing this form, please fax it to 541-632-4647 or email it to susan@oregonemdr.com. Once notified in writing, Oregon EMDR will initiate an investigation within 14 calendar days and provide an acknowledgment to you within 21 calendar days. Oregon EMDR will report the outcome of the complaint investigation to you within 30 calendar days after the complaint is received.

Name (Full) of person making complaint:



Address:



Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you attend an Oregon EMDR Training, Workshop or Practicum Clinic?

* Yes
* No

If yes, please list the date(s) and title of the event



When did the events occur for which you are filing this grievance?

Please include the date.



Did you directly discuss this complaint with the Trainer / Consultant?

* Yes
* No

Have you filed a complaint with any other organization?

* Yes
* No

If yes, please indicate all organizations you have contacted and the date.



If you believe there is an ethical issue of concern, have you filed a formal complaint with the state licensing board?

* Yes
* No

Please summarize the nature of your concern and include any relevant details, a timeline, names of individuals involved and any steps you have taken to address your concern.

If there is a particular outcome you’re requesting, please describe it below:

