

# Ethics Complaint Form

*Please type or print in ink.*

Person making complaint: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

WNE Institute Candidate/WNE Psychoanalytic Society Member you are filing a complaint regarding:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note: You must file a separate form for each individual you wish to file a complaint against.**

When did the alleged unethical behavior begin? \_\_\_\_\_

What is the most recent date of the alleged unethical behavior? \_\_\_\_\_

Have you discussed this situation with the analyst/analyst-in training you are complaining about?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed a complaint with any other organization(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please indicate below:*

\_\_\_\_\_ Yes, State Licensing Board Date: \_\_\_\_\_ Status: \_\_\_\_\_

\_\_\_\_\_ Yes, State Psychological Association Date: \_\_\_\_\_ Status: \_\_\_\_\_

\_\_\_\_\_ Yes, civil suit (e.g., malpractice suit) Date: \_\_\_\_\_ Status: \_\_\_\_\_

\_\_\_\_\_ Yes, other (e.g., university grievance) Date: \_\_\_\_\_ Status: \_\_\_\_\_

**Please answer the following questions to help us to understand your complaint:**

Summarize the nature of the alleged ethical misconduct. You may attach a separate page if necessary.

\_\_\_\_\_

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form and documentation to:

Western New England Institute for Psychoanalysis/Psychoanalytic Society  
Attn: Chair, Ethics Committee  
255 Bradley Street  
New Haven, CT 06510