

Complaints procedure

*for clients of solo working caregivers/psychologists
who are members of the NIP (Dutch Institute of Psychologists) and
have joined the Wkkgz complaints procedure facilitated by the NIP*

Complaint form *(to be completed digitally)*

You have a problem with your healthcare provider, a solo healthcare provider (psychologist) who is a member of the professional association of psychologists (the NIP).
You couldn't work it out together. Or you may find it difficult to discuss the problem directly with the healthcare provider. In that case, Klacht&Company's external complaints officer can assist you in (further) raising the issue. The complaints officer will guide you and your healthcare provider in finding a solution if possible.
The complaints officer is independent; It does not side with one or the other.

The first step in contacting the complaints officer

It is important to get a good idea of your complaint(s) and what you want to achieve.
That is why you are using this **complaint form**. If you fill it in, we can quickly discuss further steps.
Within two working days of receipt of the completed form (or your request for contact by telephone), the complaints officer will **contact you**.
You will also receive **more information** about the working method of the complaints officer.

Explanation of how to fill in the digital complaint form

At the various grey boxes you have space to type in your answers.
If you put the cursor (mouse) on the gray box, you can then type in as much text as you want.
The tab key takes you to the next gray box.
By using the left mouse button, you put a cross (X) in a checkbox.
Once you have completed the form, save it.
You can send the stored file by e-mail or (printed) by post to the complaints officer (Klacht&Company).

Are you unable to work with the digital complaint form?
Request a paper version by phone or e-mail. Please include your postal address.

The contact details of Klacht&Company

email: NIP@klachtencompany.nl
telephone: 088 234 16 08
(registered) mail: Postbus 3106 2601 DC Delft

Your (contact) details

Name of complainant: f/m:
Street / P.O. Box:
Zip code and city:
Telephone number:
E-mail address:
You are:
☐ the client himself
☐ a representative of the client, namely:

After this, write down the **details of the client**, if you are the client's representative.
Client's name: f/m:
Street / P.O. Box:

Zip code and city:
Telephone number:
E-mail address:

Information about the accused healthcare provider and about your complaint

Counselling by the complaints officer is only possible if the accused person (the care provider/psychologist with whom you are dissatisfied) is affiliated with the NIP complaints procedure and it does not concern services that are paid for under the Youth Act or the Social Support Act (Wmo).

Check this in advance, for example on the defendant's website.

Would you like to write down **the details** of the **healthcare provider about whom you have a complaint**?

Name of defendant: f/m:

Street / P.O. Box:

Zip code and city:

Telephone number:

E-mail address:

Would you like to give a **description of your complaint(s)** below ?

What are you dissatisfied with?

When did this happen?

How did the events unfold about which you are dissatisfied?

What do you want to **achieve** by submitting your complaint? What is **important to you**?

Information on the handling of complaints so far

Have you already discussed the complaint(s) **with the defendant**?

☐ No, because:

☐ Yes, with the outcome:

Have you been **in contact with others** about your complaint(s)?

☐ No, because:

☐ Yes, with:

And with the outcome:

Contact the complaints officer

What are your **wishes** for the contact with the complaints officer?

☐ telephone contact; In particular, I can be reached at:

(note days and times)

☐ contact per e-mail

☐ other, namely:

What's next

Upon receipt of the completed complaint form (or your e-mail request for contact), the complaints officer will contact you within two working days .

The complaints officer may ask questions to check whether your complaint falls under the NIP scheme.

If this is not the case, she will refer you to the correct address to submit your complaint.

If your complaint falls within the NIP scheme, a further exploration will take place (if necessary).

The complaints officer will ask you questions to clarify your complaint. She coordinates with you about your goals and about next steps.

In contact with you, the complaints officer will also explain the working method of the complaints officer. Questions about this are of course welcome.

Privacy & Consent

The complaints officer will handle the information you provide in this complaint form and in further contacts with you with care.

The completed complaint form and notes of contacts with you (the complaint file) will be kept for two years after the complaint has been concluded. Your privacy is guaranteed.

By filling in this complaint form, you give permission for the information you provide to be used in the handling of the complaint. The complaints officer will first consult with you about the further steps in this regard.

If the complaints officer is in contact with the accused because of your complaint, your permission is required.

Sometimes additional, written and signed permission from the client is required. For example, if the complaints officer wants to request information from the treatment file.

The complaints officer will then coordinate this with you.

Version MT241222 – final (digital with logo)