

Ψ Westchester Center for Psychological Education

*Chartered by the New York State Department of Education
Affiliated with the Westchester County Psychological Association, Inc.*

PO Box 339-H, Scarsdale, NY 10583-8839

Telephone/Fax #: (914) 246-8816 Email: admin@westchesterpsych.org

COMPLAINTS AND GRIEVANCES

WCPE recognizes that there may be difficulties or problems of various natures that emerge during the time of a sponsored event or are recognized shortly thereafter. They may involve the nature of the presentation and material itself, or some aspect of the manner in which the organization or presenter has conducted themselves. WCPE has a process through which all efforts are made to address all grievances and complaints as quickly as possible. All such issues must be submitted *in writing* to the WCPE Continuing Education Committee within ten business days of the date of the event (or last date, if a multiple session event). This is accomplished through the use of this "Complaint/Grievance" form that is available at the registration desk at all WCPE sponsored events. This form is also available electronically, upon request, by any participant in any WCPE sponsored event. All complaints should be made using this complaints/grievance form. No other form of complaint or grievance can be accepted. For in-person events, the completed form is given to the registration person who forwards it to the WCPE Director of Continuing Education. The form may also be submitted by mail (at the address above) or email, to the administrative office of WCPE (address above). The grievance will be reviewed during the next meeting of WCPE, or during a specially initiated meeting, if the next regular meeting is too far removed. A response will be sent to the CE participant within twenty business days.

COMPLAINT/GRIEVANCE FORM

Date

Title of Event Attended

Name

Email Address

The problem is:

What I'd like to do about it:

DATE RECEIVED _____

DATE REVIEWED _____

DECISION/OUTCOME _____

FOR OFFICE USE ONLY:

RESPONSE TO GRIEVANT _____

DATE OF RESPONSE _____

BY _____