

## Ethical Grievance Information and Submission Form (HTP-E-200)

This form is used to formally report a complaint of an ethical violation by a Healing Touch Program (HTP) instructor, mentor, practitioner, student, or staff member.

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### I. Role Definitions

1. The Complainant is the person filing a formal grievance or complaint.
2. The Respondent is the person(s) the grievance is being filed against.
3. HTP Ethics Advisor assigns and works with an Ethics Case Manager to resolve a grievance.
4. HTP Case Manager works with the Complainant and Respondent parties to bring resolution to a grievance.
5. Preparation for Understanding.

### II. Preparation Before Filing a Grievance

1. Read the *HTP Ethical Grievance Policy and Procedure*. It is available at [https://healingtouchprogram.com/content\\_assets/docs/current/HTP-E-100\\_Ethical\\_Grievance\\_Policy\\_Procedure%2809-01-23%29.pdf](https://healingtouchprogram.com/content_assets/docs/current/HTP-E-100_Ethical_Grievance_Policy_Procedure%2809-01-23%29.pdf)
2. HTP instructors, mentors, practitioners, and students agree to abide by a professional Code of Ethics and Scope of Practice. HTP staff members are held to the same standards. Read both documents to determine the professional standard(s) violated.  
The *HTP Code of Ethics* is available at [https://www.healingtouchprogram.com/content\\_assets/docs/current/Code-of-Ethics.pdf](https://www.healingtouchprogram.com/content_assets/docs/current/Code-of-Ethics.pdf).  
The *HTP Scope of Practice* is available at [https://www.healingtouchprogram.com/content\\_assets/docs/current/Scope-of-Practice.pdf](https://www.healingtouchprogram.com/content_assets/docs/current/Scope-of-Practice.pdf).

### III. Process

1. There are six sections on the grievance form. Complete all the information, including an electronic signature, and save it for your records.
2. **Email the completed form to [ethics@healingtouchprogram.com](mailto:ethics@healingtouchprogram.com).**
3. The Complainant will be notified via email that the form has been received. Because email messages sometimes bounce or are not delivered, if you do not receive an email response within three business days, call the HTP office at 210-497-5529 to inform HTP that you emailed an Ethical Grievance form and have not been contacted.
4. The HTP Ethics Advisor will contact the Complainant to begin the investigation.

## **Ethical Grievance Submission Form (HTP-E-200)**

### **Submission Date:**

### **1. Information for Complainant Submitting this Grievance**

First and Last Name:

Email:

Phone:

Address:

#### **Complainant Role in the Grievance**

Healing Touch Client

HTP Student (Level 1, 2 or 3)

Healing Touch Certified Practitioner (HTCP)

Healing Touch Practitioner (completed Healing Touch Level 5 but not certified)

Healing Touch Practitioner Apprentice (completed Healing Touch Level 4)

Healing Touch Certified Instructor or Instructor in Training

HTP Staff, List Position:

Other - Describe your involvement with HTP on the line below:

### **2. Information for Respondent Named in this Grievance**

First and Last Name:

Email:

Phone:

If more than one person is involved, list first and last name, email and phone of each:

#### **HTP Role of First Named Individual**

Healing Touch Certified Instructor or Instructor in Training

Healing Touch Certified Practitioner (HTCP)

Healing Touch Practitioner (completed Healing Touch Level 5 but not certified)

Healing Touch Practitioner Apprentice (completed Healing Touch Level 4)

HTP Student (Level 1, 2 or 3)

HTP Staff, List Position:

Other - Describe their involvement with HTP on the line below:

### 3. Witnesses to the Grievance

Witness #1 First and Last Name:

Email:

Phone:

Witness #2 First and Last Name:

Email:

Phone:

### 4. Detailed Description of the Ethical Grievance

Date(s) of Grievance:

Location(s) of Grievance:

Provide a detailed description of the grievance and how the behavior violates the HTP Code of Ethics and/or Scope of Practice. (*Note: The text will expand as needed.*)

## 5. Three Needs Statements for Resolution

Provide three statements that you feel you need to resolve this grievance and be in right relationship with the Respondent.

Need #1:

Need #2:

Need #3:

## 6. Electronic Signature *(required)*

Entering a name on the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Name:

Date Signed: