



Complaints Form

This form is meant to help you make a complaint. You do not have to use this form to make a complaint. However, if you do, it will help us consider your complaint as quickly as possible.

Details of the Complainant

Please give your full contact details below:

Name:

Address:

Postcode:

Email:

Tel:

Mobile:

Details of the Practitioner

The full name of the practitioner about whom you are complaining, together with his/her working address (if you know it), or the address where you as a patient saw the practitioner:

Name:

Address:

Postcode:

Details of Your Complaint

Please describe your complaint as fully as possible. Explain exactly what happened, where it happened and the dates when it happened. Please continue on additional separate sheets if necessary. Please make sure any additional sheets are securely attached.

Do you have any documents (e.g. letters, emails or medical records) which might support your complaint? Please send us copies and list them here. If you ask us to, we will return all original documents after taking copies.

Did any other people see or hear the things about which you are complaining? If so, please give their names here and explain how they were involved:

Have you already complained to other organisation(s)? Yes / No If yes, please name the organisation(s) to which you have complained. Give brief details of what happened to your complaint and send us copies of any communication between you and the organisation(s).

Consent to Disclose

In order to progress your complaint, we will need to disclose details of it to the practitioner concerned and, where appropriate, to their employer(s). Please sign and date below to give us your consent to do this.

Please note that we are unlikely to be able to consider your complaint further if you do not complete and sign this section of the form.

Complainant's name:

Complainant's status:

(e.g. patient, patient's relative, patient's solicitor etc.)

I agree that my complaint and any information I provide in connection with it can be disclosed to the practitioner and his/her employer(s). I also agree that the practitioner can disclose to the APA Professional Conduct Officer and Committee any information about me that is necessary for them to consider my complaint.

Signature:

Date:

Please send this completed form by post to the APA registered office address below.