

## Complaints Form

You can use this form to submit a formal complaint about your care, my service, or how your personal information is used. Using the form helps to capture everything I need to respond appropriately, but you can also share your concerns by email, by phone, or in person. Please send the completed form to me by email or by post to the address in the footer. For more on how I handle complaints, see the full complaints procedure at [thelondonosteopath.com/complaints-procedure](http://thelondonosteopath.com/complaints-procedure).

### 1. Your details

FULL NAME

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ADDRESS

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TOWN / CITY

POSTCODE

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EMAIL

PHONE NUMBER

PREFERRED METHOD OF CONTACT

☐ Email ☐ Phone ☐ Letter ☐ Other (please specify): \_\_\_\_\_

### 2. Are you completing this form on behalf of someone else?

☐ No ☐ Yes — if yes, please provide the details below

NAME OF THE INDIVIDUAL

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YOUR RELATIONSHIP TO THEM

YOUR CONTACT DETAILS (IF DIFFERENT)

PLEASE ATTACH PROOF OF YOUR AUTHORITY TO ACT ON THEIR BEHALF

☐ Signed letter of authority ☐ Power of attorney ☐ Other (please specify): \_\_\_\_\_

### 3. Identity verification (if required)

If I need to verify your identity, I may ask for one of the following: passport, driving licence, a utility bill dated within the last 3 months, or other acceptable ID.

HAVE YOU ATTACHED PROOF OF IDENTITY?

☐ Yes ☐ No ☐ Not required

### 4. About your complaint

WHAT TYPE OF COMPLAINT ARE YOU MAKING?

- ☐ About my osteopathic care or treatment
- ☐ About customer service or communication
- ☐ About how my personal information has been used (data-protection complaint)
- ☐ Something else (please describe): \_\_\_\_\_

PLEASE DESCRIBE YOUR COMPLAINT IN AS MUCH DETAIL AS POSSIBLE (INCLUDE DATES, PEOPLE INVOLVED, WHAT HAPPENED, AND HOW IT HAS AFFECTED YOU)

WHAT OUTCOME WOULD YOU LIKE AS A RESULT OF THIS COMPLAINT?

### 5. Supporting information

Please attach anything that may help me understand your complaint — for example emails or letters, screenshots, appointment details, or other relevant records.

HAVE YOU ATTACHED SUPPORTING DOCUMENTS?

☐ Yes ☐ No

### 6. Accessibility and additional support

Do you need any adjustments to help you make this complaint (for example large print, help completing the form, or communication support)?

☐ Yes — please tell me what you need below

☐ No

## 7. Complaints from children or young people

If the complainant is under 18:

AGE OF CHILD / YOUNG PERSON

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DOES THE CHILD UNDERSTAND THEIR RIGHTS AND THE NATURE OF THE COMPLAINT?

☐ Yes ☐ No ☐ Unsure

I may need to assess competence to make sure the child can exercise their data-protection rights.

## 8. How I will handle your complaint

I will acknowledge your complaint within 10 working days where possible, and always within 30 days.

I will investigate your concerns and respond without undue delay, keeping you informed of progress.

If your complaint relates to personal data, I will explain how your information is used and your rights under data protection law.

If you are unhappy with my response, you can take it further. For a complaint about your care or my conduct: the General Osteopathic Council (GOsC). For a data-protection complaint: the Information Commissioner's Office (ICO). Contact details are in my Complaints Procedure, available at [thelondonosteopath.com/complaints-procedure](http://thelondonosteopath.com/complaints-procedure).

## 9. Declaration

I confirm that the information I have provided is accurate to the best of my knowledge.

SIGNATURE

DATE