

# Complaints Form

(For concerns regarding care, service, or how personal information is used.)

Please use **BLOCK CAPITALS** when completing this form

1 Your Details	
Full Name	
Address	
Postcode	
Email	
Phone number	
<b>Preferred method of contact (please tick)</b>	
<input type="checkbox"/>	Email
<input type="checkbox"/>	Phone
<input type="checkbox"/>	Letter
<input type="checkbox"/>	Other (please specify below)
<b>Are you completing this form on behalf of someone else? (Please tick)</b>	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes - if so, please specify
	Their name
	Your relationship to them
	Their address
	Their postcode
	Their email
	Their phone number

**Please attach proof of your authority to act on their behalf (please tick as appropriate)**

Signed letter of authority

Power of attorney

Other (please specify below)

**2 Identity verification**

If we need to verify your identity, we may ask for one of the following

- Passport
- Driving licence
- Two non-photographic forms of ID confirming your current address and date of birth, e.e. a utility bill (dated within the last 3 months)
- Other acceptable ID

**Have you attached proof of your identity and, if different, the person for whom you are making this complaint?**

Yes

No

Not required

**3 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)

Other

**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?**

#### 4 Supporting information

Please attach any documents that may help us understand your complaint, such as

- Emails or letters
- Screenshots
- Appointment details
- Relevant records
- Evidence relating to data use

**Have you attached supporting documents?**

Yes

No

#### 5 Accessibility and additional support

**Do you need any adjustments to help you make this complaint?**  
(e.g. large print, help completing the form, communication support)

Yes (please specify)

No

#### 6 Complaints from Children or Young People

If the complainant is under 18 years of age, please specify their age

**Does the complainant understand their rights and the nature of the complaint?**  
(We may need to assess competence to ensure the child can exercise their data rights.)

Yes

No

Unsure

## 7 How we will handle your complaint

- We will **acknowledge your complaint within 30 days**.
- We will investigate your concerns promptly and respond **without unnecessary delay**.
- If your complaint relates to personal data, we will explain how your information is used and your rights under data protection law.
- If you are unhappy with our response, you can contact the **Information Commissioner's Office (ICO)** or the **General Osteopathic Council (GOsC)** depending on the nature of the complaint.

## 8 Declaration

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

**Signature**

**Date**