
Complaint Form

Complaint reference:
(Admin use only)

About this form

This form is for you to make a complaint about a **CAHSC registered** anthroposophic health or social professional to the Council for Anthroposophic Health and Social Care.

Before filling in the form, please read our brochure '**Making a Complaint about a CAHSC Registrant**'. It will explain how we can help you if you have any concerns about one of our registrants. If you decide you want to continue with a formal complaint about a registrant after you have read the leaflet, please fill in this form.

Please fill in the form in black ink, in CAPITALS, giving us as much detail as you can.

Your details

Title

Your full name

Your address

Postcode

Your daytime contact phone number

Your mobile phone number

Your email address

Are you complaining for yourself? Yes No

Are you complaining for a patient/client of the registrant? Yes No

If yes, what is your relationship to that person?

Does the person know you are making a complaint for them? Yes No

The full name of the person on whose behalf you are complaining

Details of the registrant in the complaint

Please give us the full name of the CAHSC registrant you are complaining about and their work address

If you know their CAHSC registration code, please give it too. Don't worry if you don't know it.

Name of registrant you are complaining about

Address where the registrant practices

Profession of the registrant

Registration code of registrant (if you known it)

Were you (or the person you are complaining for) passed on to the registrant by a doctor or other health or social care professional? Yes No

If yes, please give their name and address

For how long had you (or the person you are complaining for) been seeing the registrant and how many sessions had you received?

Date of first session Number of sessions

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. If there is more than one registrant involved in your complaint, please explain how each registrant was involved. Please continue on a separate sheet if you need to.

When did the incident take place?

Where did it take place?

What happened?

continued >

Declaration and consent to disclose

In order to deal with your complaint, we will need to disclose details of it to the registrant concerned and if applicable their employer. Please sign and date below to give us your consent to do this.

I agree that the CAHSC can disclose my complaint and any information I provide in connection with it to the registrant named in this form. I also agree that the registrant can disclose to the CAHSC any information that is necessary for the CAHSC to consider my complaint.

I declare that all the information I have given in this form is, to the best of my knowledge, complete and accurate

Signature of complainant

Date

dd	mm	yyyy
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If you are complaining on behalf of another person, you will need to get them to put your name in the declaration below and then sign and date it.

I agree to

making this complaint on my behalf. I agree they may see any information that might be relevant to the complaint.

Signature of person
on whose behalf
the complaint is made

Date

dd	mm	yyyy
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Checklist

Please make sure that you have

- given us the full name of the registrant involved
- described your complaint as fully as possible
- enclosed any other supporting documents
- given us your name and a daytime phone number
- filled in and signed the Declaration and Consent to Disclose section
- checked that all 7 pages of this form and filled and are enclosed

Please send your completed form to:

The Registrar
CAHSC office
St Devenick's
Murtle Estate
Bielside
Aberdeen AB15 9EP

Thank you for completing this form. We will write to let you know we have received it and will then keep you informed about what is happening next.