

Date _____

Client Name _____

Address _____

Person Making the Complaint: _____

Contact details; Phone numbers _____

Home

Mobile

Details of Complaint (please attach copies of documents if applicable)

Has this matter been brought to our attention previously: No / Yes

If Yes: To whom _____ and when _____

We will advise you of the outcome of your complaint within 10 working days.

Client/Representative Signature _____

Client/Representative Name _____

Client/Representative Contact details _____

(Please return this complaint form to practice owner Cassandra Cook)