



External Complaints Procedure COMPLAINT FORM

Please complete this form, supplying as much as information as you can. We want to deal with your complaint as quickly as possible and the more you can tell us, the easier it will be for us to move things forward.

All information that you provide will be treated as confidential and will be protected under the UK Data Protection Act, with GDPR 2018.

YOUR PERSONAL DETAILS

Title		First Name		
Last Name				
Address				
			Postcode/Zip Code	
Email				
Contact Number(s)				

THE HEALING TRUST MEMBER YOU ARE COMPLAINING ABOUT

Title		First Name		
Last Name				
Address (if known)				
			Postcode/Zip Code	
Email				
Contact Number(s)				

THE CONDUCT YOU ARE COMPLAINING ABOUT

When and where it happened?

WHAT HAPPENED

Please provide as much detail as you can

DOCUMENTS

Please list any documents you would like us to look at and attach copies

WITNESSES

If there are any witnesses whose evidence you want to rely on, please give their names and a summary of what they can say

ANY REMEDY YOU ARE SEEKING

Please tell us if there is anything that you would like The Healing Trust to do which you feel would help to address the issue.

DECLARATION

The information contained in this form is true to the best of my knowledge and belief.

By signing this form, I am giving the Healing Trust my permission to disclose the information it contains to the Member I am complaining about and to anyone else where disclosure is necessary for the fair resolution of my complaint

Signed _____ Date _____

First Name _____ Last Name _____
Please PRINT Please PRINT