



Making a complaint

OUR 'MAKING A COMPLAINT' LEAFLET EXPLAINS HOW WE CAN HELP YOU IF YOU HAVE ANY CONCERNS ABOUT AN OSTEOPATH. IF YOU DECIDE YOU WANT TO CONTINUE WITH A FORMAL COMPLAINT AGAINST AN OSTEOPATH AFTER YOU HAVE READ THE LEAFLET, PLEASE HELP US BY GIVING US THE FOLLOWING INFORMATION.

Section one – your details

1 Your name _____

2 Your address _____

3 Your home phone number _____

4 Your work phone number _____

5 Your fax number (if you have one) _____

6 Your e-mail address _____

7 Can we share your contact details with the osteopath? Yes No

8 a Are you complaining for yourself? Yes No

b If yes, are you still seeing the osteopath? Yes No

9 a Are you complaining for a patient? Yes No

b If yes, what is your relationship to the patient? _____

c Does the patient know you are making this complaint for them? Yes No

Section two – the osteopath’s details

10 Name of the osteopath involved in the complaint

11 The address of the practice

12 a Were you (or the patient) passed on to the osteopath by a doctor or another health-care professional?

Yes

No

b If yes, please give their name and address

c For how long had you (or the patient) been going to the osteopath and how many treatments had you (or the patient) received?

Date of the first session

Number of treatments

Section four – declaration and checklist

DECLARATION

I do not object to the osteopath seeing my complaint and I give my permission for any of my medical records and reports to be passed on to the General Osteopathic Council to help investigate the claims I have made. I would be willing to appear as a witness at any hearing that might take place.

I declare that the information I have given is true and accurate.

Signed: _____ Date: _____

If you are making this complaint for another person, please ask them to sign this form to show that they know the complaint is being made for them, they know about the procedures that will be followed and that they give their permission to this.

Signed: _____ Date: _____

If you would like to discuss any part of your complaint before you send this form or you would like help filling it in, please phone 020 7357 6655 ext 224.

CHECKLIST

Thank you for filling in this form. Please make sure you have:

- > given full details of the osteopath involved;
- > given as much information as you can about your complaint along with any supporting papers and documents;
- > filled in all sections of this form;
- > kept a copy of this filled-in form for your records; and
- > carefully read and signed the declaration.

Please send this form to:

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London
SE1 3LU