# The Chartered Society of Physiotherapy Complaints Procedure – Complaint Form

**Personal Details**The information you provide will be processed in accordance with the Data Protection Act 1998

Mr/Mrs/Ms/Miss

**Full Name**

**Current Address**

 **Postcode**

**Email Address**

**Telephone Number**

# If there is anything which makes it difficult for you to pursue your complaint, for example if English is not your first language or you have a disability, please tell us how we might be able to help you.

# **Please use this section to detail your complaint**

Date when incident occurred:

Incident details:

What outcome are you seeking from your complaint?

(If applicable) Persons involved:

Please send completed form to:

## Complaints Co-ordinator

The Chartered Society of Physiotherapy

14 Bedford Row

London

WC1R 4ED

Office Use Only: Complaint dealt with by:

Date