

BCOM COMPLAINT FORM

Please complete this form if you wish to make a formal complaint to express your dissatisfaction with the service/care provided by BCOM's out-patient teaching clinic. You are also advised to refer to BCOM's Complaints Procedure prior to completing this form. The Complaints procedure and the Complaints form are available from BCOM Clinic reception and BCOM Clinic website <http://www.bcom.ac.uk/bcom-clinic> (Your complaint will be acknowledged normally within five working days of receipt by BCOM)

**Personal details**

Name and address:

Full name: Mr/Mrs/Ms/Dr \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Contact Telephone numbers (including area codes):

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you the patient: Yes  No

If No, are you the: Parent  Guardian  Carer

Full name and address of the patient:

Full name: Mr/Mrs/Ms/Dr \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Telephone (including area codes):

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMPLAINT**

1. Did you discuss your or the patient's (if you are the parent, guardian or carer) dissatisfaction with either the BCOM student-practitioner or staff member?

YES

NO

If YES, please give the following details:

Name of BCOM student-practitioner or staff: \_\_\_\_\_

Date of informal discussion: \_\_\_\_\_

Please give details of what was discussed and the outcome of these informal discussions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue on a separate sheet if required, under the heading: Informal discussions-cont-: Tick this box if separate sheet(s) have been enclosed

2. Details of the complaint:

Please describe the complaint giving details about date/s, time/s of the event/s, witnesses and any other formal communication you may have had with BCOM student-practitioners or staff.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue on a separate sheet if required. Tick this box if separate sheet(s) have been enclosed

## CONSENT

Your complaint will be considered initially by the Investigation Panel and subsequently may be considered by the Disciplinary Panel and the Appeals panel. We therefore require either your consent (if you are the patient) or the patient's consent (if you are the parent, guardian or a carer completing this form).

- a) If you are the patient, do you give consent for your case-history and all communication relating to your visit to BCOM clinic and this complaint to be forwarded to members of the Investigation Panel, Disciplinary panel and Appeals panel:

YES

NO

- b) If you are a parent/ guardian or a Carer, do you have consent from the patient to give consent for the patient's case-history and all communication relating to his/her visit to BCOM clinic and this complaint to be forwarded to members of the Investigation Panel, Disciplinary panel and Appeals panel:

YES

NO

If YES, please ask the patient (if he/she is able to do so) to sign below confirming they have given consent:

Name of the patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the patient is unable to confirm that he/she is giving the consent, please explain why:

\_\_\_\_\_

## INVESTIGATION OF THE COMPLAINT

Your complaint and reports from BCOM student- practitioner and/or staff member will be considered initially by the Investigation panel and may be referred to the Disciplinary Panel and Appeals Panel. Any of these Panels may either need to obtain further information or seek clarification with all concerned with this event/s:

- a) Are you or the patient (if you are the parent/guardian/carers) able to attend a meeting with any of these panels: YES NO

- b) Are you or the patient (if you are the parent/guardian/carers) able to speak with Panel members via either telephone or Skype? YES  NO

**DECLARATION**

**I confirm that the information provided on this form is true and accurate**

**Name:**

**Signed:**

**Date:**

**I confirm that I am the Parent/ Guardian/ Carer (circle one) and I have consent from the patient to make this complaint and provide all relevant information relating to this complaint:**

**Name:**

**Signed:**

**Date:**

**I confirm that I am the patient and that information provided by my Parent/Guardian/ Carer (circle one) is true and accurate:**

**Name:**

**Signed:**

**Date:**

**PLEASE SEND THE COMPLETED FORM TO:**

**BCOM CLINIC ADMINISTRATION, Frazer House, 6 Netherhall Gardens, London NW3 5RR**

**For Office Use Only**

Date form received: \_\_\_\_\_

Date Complaint acknowledged \_\_\_\_\_

Date IP's decision sent: \_\_\_\_\_

Date DP's decision sent: \_\_\_\_\_

Date Appeals decision sent: \_\_\_\_\_