

**COMPLAINTS FORM**

**Making a Complaint about a Registrant of the Animal Health Professions’ Register**

This is the information we need if you want to make a complaint about an AHPR registrant. If you need help with this form, please email enquiries@ahpr.org.uk and we will do our best to help you.

**Your Details**

|  |  |
| --- | --- |
| **Name**  |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

**The person you are complaining about**

|  |  |
| --- | --- |
| **Name** |  |
| **AHPR Subgroup / therapy practiced** |  |
| **Address / contact details** |  |

**The matter you are complaining about (please provide as much detail as possible)**

|  |  |
| --- | --- |
| **When did the incident take place?** |  |
| **Where did it take place?** |  |
| **Please describe what happened** |  |
| **Did anyone else see what happened? If so, please give us their contact details, if they have agreed that you can.**  |  |

 **Other Organisations**

|  |  |
| --- | --- |
| **Have you complained about this matter to anybody else (e.g. police, the person’s employer, another organisation)? Please provide their contact details.** |  |
| **If so, what was their response?**  |  |

**Additional Information**

|  |  |
| --- | --- |
| **Please list below any documents / photographs / other evidence that you are sending us with this form.** |  |
| **Please provide any additional information that might help us to deal with this matter.** |  |

**Signed** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the completed form to registrar@ahpr.org.uk

We will acknowledge receipt of your complaint and then keep you informed about what is happening next.