



# Geneva Health International (UK) Complaint Form

(August 2009/2010)

If you need help to fill in this form please contact your consultant or the Compliance Consultant.

## Part A – About you (the complainant)

Date:
Name:
Organisation:
Address:
Contact telephone number(s):
Email:
Date & Time of incident:
Location of incident if applicable:
Name(s) of those involved in Incident/Complaint:

<b>Only fill out this box if you are complaining on behalf of someone else</b>
Name of that person: .....
What is your relationship to that person?.....

**Only fill out this box if someone is assisting you with the complaint – for example a solicitor or union representative**

Name of representative: .....

Organisation: .....

Postal address: .....

Contact numbers: Business: ..... Fax:.....

Mobile: ..... Email: .....

## Part B – Your complaint

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**Who are you complaining about?** (the respondent)

Name:

Organisation:

Address:

Contact telephone number(s):

Email:

What is this person's/organisation's relationship to you?





## Part C – Further information

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### Supporting evidence

Please attach copies of any documents that may help us investigate your complaint. If you cannot do this, please tell us about the documents or other evidence and how this evidence can be obtained.

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### How has this affected you?

Please tell us how this has affected you?

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### What outcome are you seeking?

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**Have you tried to resolve your complaint in any other way?**

If so, please give details:

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**Remember**

- To sign and date page 5 of this document; and
- Attach copies of any relevant documents.

**Send your completed form to:**

Geneva Health International  
40 42 Parker Street  
London WC2B 5PQ

Fax: 020 7025 0091

<b>INTERNAL USE ONLY</b>	
Acknowledgement	
Investigation	
Response	
Action Taken	
Date Completed	
Documentation Attached	