



## Geneva Health International (UK) Complaint Form (2010/2011)

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?







**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	