**Accredited Practitioner Register: Complaints Form**

Please provide as much detail as possible of your compliment or complaint including any supporting evidence andeither**:**

1. email to: [register@athenaherd.org](mailto:register@athenaherd.org); or
2. send to: Accredited Practitioner Register, c/o Athena Herd Foundation, High Lees Farmhouse, Wagon Lane, Paddock Wood, TN12 6PT.

We will aim to confirm receipt of your compliment or complaint as soon as reasonably practicable and in any event within **five (5)** working days of receipt.

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| **Name:** | **Date:** |
| **Your name:** |  |
| **Practitioner against who the complaint relates:** |  |
| **Practitioner business or location details:** |  |
| **Have you made any direct approach to the Practitioner in question with regard to this matter:** |  |
| **Your contact details**  **Email:** | **Telephone:** |

**Please provide as much information as possible in the box below (including relevant dates, names and attach any relevant correspondence or other materials)**

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**Internal use only:**

Date Compliment or Complaint received:

Details of assigned Professional Conduct Review Committee representative:

Date confirming receipt of Complaint (within five (5) working days):

**Key Points:**

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Complaint assigned to Professional Conduct Review Committee? Yes/No

Complaint confirmed against proceeding conditions? Yes / No:

Complaint agreed for consensual disposal? Yes / No

Complaint to be published on the Professional Conduct Notices page? Yes / No

Date informed of Compliment/Complaint Outcome:

Date Compliment/Complaint closed:

**Actions taken by Accredited Practitioner Register:**

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