

## Complaint form

Please use this form to tell us about your complaint. Complete each section in full. If you're not sure about anything, or have difficulties filling in this form, just phone us on 020 7034 8057 so that we can assist you further with your complaint

### Section 1: About you

Please fill in your details even if you are complaining on behalf of someone else.

Title							
First name							
Surname							
Address line 1							
Address line 2							
County				Country			
Postcode							
Daytime phone number							
Alternative number (optional)							
Email address							

How would you like us to contact you?       Phone     Email     Post

If you have any adjustments, you would like us to consider (for example providing documents in large print, or a different language) please let us know below.

**Are you complaining on behalf of someone else?** If yes, please fill in the section below. If no, please go to section 2.

What is your relationship to them?

- I am their spouse or partner       I am their parent or guardian       Other  
 I am their child       I am their carer  
 I am their representative/advocate

Why can't they make the complaint themselves?

- The person is a child
- They aren't well enough to do it
- They are not able to do it themselves
- The person has died
- My partner would prefer me to do it
- Other

If you are complaining for someone who cannot complain for themselves, we must consider if you are the right person to act on their behalf. We would normally need their consent for this.

Their title							
Their first name							
Their surname							
Address line 1							
Address line 2							
County					Country		
Postcode							
Their daytime phone number							
Alternative number (optional)							
Their email address							

## Section 2: About your complaint

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### What Happened? (Please give as much information as possible)

Tell us what you are complaining about.

What went wrong? What dates did things go wrong? Who was involved?  
(Use additional sheets if required)

**When Did it Happen ?**

Date(s) \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The law says that you should complain to us within a year of becoming aware of the problem. Sometimes, depending on the circumstances, we will extend this time limit. Please phone us if you have any questions about this.

**Are you complaining about a particular person? Please give their name (optional).**

**What outcome(s) are you looking for?**

Please use this space to explain what you need to be resolved and what is important to happen as a result of your complaint ?

**Complaints Meeting**

In some cases, we can arrange a mutually agreed meeting to help resolve your complaint. We can do this by telephone or video call (using Microsoft Teams) if both parties agree to take part.

Is this something you are willing to do?     Yes                       No

### Section 3: Signatures / Consent

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#### If you are complaining for someone else.

we would normally need their consent, they must sign below if they are able to do so.

I agree that \_\_\_\_\_ can complain for me and that you can obtain the information it needs to investigate my complaint.

I understand that this may mean that my representative will be able to see personal information you obtain for the investigation.

Signature								
Date								

#### If you are the complainant

Name: \_\_\_\_\_ (Block Capitals Please)

Sign: \_\_\_\_\_

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

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Please email your form and any supporting documents requested to:

**info@thedevonshireclinic.co.uk**

Or post it to:

**The Devonshire Clinic  
16 Devonshire St,  
London W1G 7AF,  
United Kingdom**

We will acknowledge your complaint within 3 days and give you an estimated timeline for a full response.