

## **COMPLAINT FORM**

We are sorry to learn that you have experienced a bad experience at Benji Physio.

We care about our patients and we always try to treat you the best way we can. That's why we take this matter very seriously.

If you're not happy with the care or treatment you've received, you have the right to complain, have your complaint investigated and be given a full and prompt reply.

## You have the right to:

- have a complaint dealt with efficiently and have it properly investigated,
- know the outcome of any investigation into the complaint,
- take your complaint to the Chartered Society of Physiotherapy or the Health Care Professional Council if you are not satisfied with the way we have dealt with your complaint,
- make a claim for judicial review if you think you have been directly affected by an unlawful
  act or decision.

Please complete the form attached and explain to us what your concern/complain is. You can also call us on 07760615804 and speak directly to Benji Gilbert if you prefer.

Please send the completed form to Benji Physio Limited, Duloch Leisure Centre, Nightingale Place, Dunfermline, KY11 8LW or email it to info@benjiphysio.co.uk.

Please know that you are not obliged to complete your Name and Address as you can keep your anonymity to make a complaint.

As soon as we will receive your form, the Benji Physio Limited staff will meet within 3 days and discuss the matter. Within a few days, you should receive a call asking you to meet us in order explain to you what happened, explain the actions taken, what will happen next (e.g. what will be done, who will do it, and when), and inform on what you should do if you are still unhappy.

Thank you, The Benji Physio Limited Team

COMPLAINT FORM	
First Name:	Surname:
Address:	
Contact Number:	Email:
Date:	Place:
Therapist Name:	
Explain to us what the matter is:	
Tell us what you would like us to improve:	
Signature and Date:	
Signature and Date:	

COMPLAINT FORM	
This a supplement sheet provided if you do not have enough space in the previous sheet or would like to add any comments.	
Signature and Date:	