



## Making a complaint about a member of the Complementary Therapists Association (CThA)

This is the information we need if you want to make a complaint about a CThA member. If you require any help with the form please call 0207 518 0323 and we will be happy to help you.

Please note that we are unable to process your complaint unless we have all the information set out in this form.

Once we have received your complaint and all required information, we will respond to you within 20 working days of receipt of the complaint and all supporting evidence.

Use the column below to type or write your information into

<b>Your details</b>	
<b>Address</b>	
<b>Post code</b>	
<b>Daytime telephone number</b>	
<b>Mobile number</b>	
<b>Email address</b>	
<b>The person you are complaining about</b>	Please provide as much information as possible. This will help us check our membership database
<b>Name</b>	
<b>Therapy/ies practised</b>	
<b>Address</b>	
<b>The matter you are complaining about</b>	Please detail the event that took place and submit as much evidence to support it as possible e.g. appointment card, where applicable a police crime reference number, Witness statements, photographs of any injuries
<b>When and where did the incident take place</b>	
<b>Please describe what happened</b>	

Use the column below to type or write your information into

<b>Were there any witness's? If so please submit their contact details</b>	
<b>Have you complained about this matter to anybody else (the person, employer, police, other professional organisations)</b>	Please submit a copy of the complaint
<b>If so what was their response</b>	Please submit their contact details and keep us informed of any progress with the matter you have complained about and any final decision.
<b>Please list below any documents that you are submitting with this form</b>	
<b>Please provide any additional information that may help with this matter</b>	

**In signing this form I confirm that**

1. I give permission for CThA to store personal details about me which may be sensitive in order to deal with my complaint in accordance with CThA's procedure
2. I give permission for CThA to share the full details of my complaint including my personal details with the CThA member about whom this complaint is made
3. I give permission to CThA to share the full details of my complaint with the CThA Council and independent reviewer where necessary and the CThA Solicitors.
4. I give consent to the CThA member to send CThA my original client records.

Use the column below to type or write your information into

<b>Signed</b>	
<b>Date</b>	

**When you have completed this form please send it to:**

Complementary Therapists Association  
2nd floor, 83 Baker Street, London. W1U 6AG.

or by email to: [info@ctha.com](mailto:info@ctha.com)

We will acknowledge receipt of your complaint within 5 working days.