

College of Osteopaths Complaints Form for Stage 1 of Complaints Process

College of Osteopaths Complaints Form (to be used for Stage 1 of the Complaints process)

Your Name:		
Your Student Number if		
applicable:		
Your Contact Address		
Your Telephone Number		
Email Address:		
Date:		
Remedy you are seeking (it	t is very important that you complete this section as a failure to do so	
may result in a delay in dealing with your complaint).		
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Notice of consideration in the	de de consele información de manifela. Ha consele a confedi	
Nature of complaint, include as much information as possible. It may be useful		
to include a timeline of events. (Use further sheet if necessary)		
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Please return this form and any accompany papers to Rachel Gold, Senior Admin & Quality Manager (r.gold@collegeofosteopaths.ac.uk)

Policy Name	Complaints Form
Version	4
Date reviewed	Oct 2025
Next review due	Oct 2026
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