



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 is very important that you complete this section as a failure to do so may result in a delay in dealing with your complaint). | |
| | |

| |
|--|
| Nature of complaint, include as much information as possible. It may be useful to include a timeline of events. (Use further sheet if necessary) |
| |

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 |
| Date uploaded | Oct 2025 |