**Form: College of Osteopaths Complaints Procedure**

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| Your Name: |  |
| Your Student Number: |  |
| 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). Please refer to Section 3 before completing this section: |

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| 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 the Registrar: k.hantom@collegeofosteopaths.ac.uk