



Complaint Form

1. About You

Full Name:
Address:
.....
.....
City: Post Code:
Daytime phone number (optional)
Email address (optional)

2. About the Chaplain you wish to complain about

Full Name
Work Address
.....
.....
City: Post Code:

3. About your complaint

Please briefly describe what you think the chaplain has done wrong. You can add extra pages if you need to. If there are documents or other evidence which supports your complaint please send them to us with your complaint form.

3. About your complaint (continued)

Please tell us what would you like the UKBHC to do to resolve your complaint?

3. Consent to using information about you

In order to investigate your complaint we will need to collect information about you and anyone else involved in the matter. We will use this information only to investigate your complaint and decide what action should be taken.

I consent to:

- (1) the UKBHC and its officers using the information I provide it to investigate the complaint that I am making;
- (2) the information I provide to be shared with the chaplain that I am complaining about;
- (3) the chaplain I am complaining about providing any relevant information about me to the UKBHC in considering my complaint;
- (4) the UKBHC seeking additional information from people related to my complaint and for them to provide it to the UKBHC.

Signature of
complainant

Date

.....
.....

Please return this form, any extra pages or additional documents to:
Lead Officer for Professional Conduct, UKBHC, Box 105, Addenbrooke's Hospital,
Cambridge, CB2 2QQ.