

# Complaint Form

Please complete this form if you would like your service related complaint to be resolved by the Cosmetic Redress Scheme. Please ensure that:

- The company is a Member of the Cosmetic Redress Scheme (check on our website);
- You have raised a formal complaint in writing with our Member;
- You have exhausted the Member's internal complaints procedure;
- You have waited 8 weeks from the date of your formal written complaint for the matter to be resolved and you remain dissatisfied;
- It is within 12 months of the initial formal complaint having being raised with the Member.

A Cosmetic Redress Scheme Case Assessor will be assigned to your complaint and will assess the complaint to ensure it meets the Scheme's acceptance criteria. We aim to make first contact within 5 working days of receipt of the completed Complaint Form. We may also be required to request further information or evidence from you.

The consumer is reminded that they are entitled to obtain professional advice on all the matters raised in the complaint or to be assisted by a third party to the complaint.

Please send all correspondence regarding this complaint to: **complaints@cosmeticredress.co.uk** 

Section 1	Your Details		
	Please provide us with your current contact details.		
	Contact Title: Contact Name:		
	Correspondence Address:		
	Postcode Postcode		
	Telephone:		
	Email:		
	I am Complaining as a:		
	Patient Supplier Practitioner		
	Other:		
	Address in relation to complaint (if applicable):		
	Postcode Postcode		
Section 2	Member Details		
Section 2			
	Please insert the details of the Member you are complaining about.		
	Member Name:		
	Name of person dealing with (if known):		
	Correspondence Address:		
	Postcode Postcode		
	Telephone:		
	Email:		

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Section 3	The Complaint	
	Details of the Complaint pre Cosmetic Redress Scheme involvement.	
	Date of original formal written complaint to Member:	
	Date of last communication from Member:	
	Member response to complaint (i.e No Response, Settlement Offer, Refusal to Co-operate):	
	Has another body tried to resolve the Complaint? (i.e Trading Standards, Trade Organisation):	

# **Section 4** Timeline of Events

In order for us to clearly see how the event lead to a complaint please highlight dates and times of events leading to the complaint.

Date & Time	Event
Example: 12/03/15	'Emailed Practitioner/Clinic to advise that my appointment had been cancelled again and requested confirmation as to next steps to take.'

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# Section 5 The Complaint

Please use this section to provide us with the main points of your complaint. This will allow the Case Assessor and/or the Head of Redress to fairly assess the issues you have raised

Please see the below example of how to set out your Complaint.

Issue in Complaint	Amount of Loss Suffered (if applicable)	
Example:	£250	
Evidence (list relevant evidence that you have provided):		
Example: Appendix 1-		
Details of complaint and action/resolution offered:		
Example – "I believe that I should have been notified of the cancellation a minimum of 24 hours in advance"		

Issue in Complaint - 1	Amount of Loss Suffered (if applicable)
Evidence (list relevant evidence that you have provide	od).
Evidence (list relevant evidence that you have provide	iu).
Details of complaint and action/resolution offered:	
Issue in Complaint - 2	Amount of Loss Suffered (if applicable)
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Issue in Complaint - 2	Amount of Loss Suffered (if applicable)
Issue in Complaint - 2	Amount of Loss Suffered (if applicable)
Evidence (list relevant evidence that you have providence)	ded):
Details of complaint and action/resolution offered:	

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Section 5	The Compl	aint continued
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Issue in Complaint - 3	Amount of Loss Suffered (if applicable)
Evidence (list relevant evidence that you have provid	ed):
Details of complaint and action/resolution offered:	
Issue in Complaint - 4	Amount of Loss Suffered (if applicable)
Evidence (list relevant evidence that you have provid	ed):
Details of complaint and action/resolution offered:	
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Issue in Complaint - 5	Amount of Loss Suffered (if applicable)
Evidence (list relevant evidence that you have provid	ed):
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Section 6	n 6 Resolution/Additional Information	
	Details of the Complaint pre Cosmetic Redress Scheme involvement.	
	Please explain what you believe the Member should be doing to resolve your complaint. Please be as clear as possible in setting out the remedial action you feel is appropriate.	
Please also use the space below to provide any further details relevant to the complaint (Please at further written submissions)		
Section 7	Evidence	
	Please list the documentation which you are enclosing and where possible appendix items so we can easily	

Please list the documentation which you are enclosing and where possible appendix items so we can easily cross reference.

You should return your completed Complaint Form and supporting evidence to the Cosmetic Redress Scheme by email to complaints@cosmeticredress.co.uk. Alternatively, please post the form and your evidence to:

Cosmetic Redress Scheme

Premiere House

1st Floor

Elstree Way

Borehamwood

WD6 1JH

You must submit all evidence you wish to rely on to support your case. The types of evidence we would expect to see are Codes of Practice, Appointment Confirmation, Consent Forms / Consultation Notes, photographic evidence, email correspondence, text messages, receipts and invoices.

Please note, evidence that you send to us by post will be scanned so please try to keep it in A4 format where possible.

Appendix	Evidence Item
Example: Appendix 1	Appointment Confirmation

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## Section 8

## **Declaration**

#### YOU MUST NOTIFY US IN WRITING IF YOU RESOLVE THE COMPLAINT ANY TIME AFTER YOU HAVE RETURNED YOUR COMPLETED COMPLAINT FORM.

By returning this form to the Cosmetic Redress Scheme you confirm and agree to the following:

#### I can confirm that:

- I have read, understood and agree that the Cosmetic Redress Scheme will act in accordance with its Terms of Reference.
- I have exhausted the Member's internal complaints procedure;
- I have waited at least 8 weeks after making a written complaint for it to be resolved by the Member;
- I have made this complaint within 12 months of the initial formal complaint raised with the Member.
- To the best of my knowledge and belief, the information I have provided in connection with this complaint is true and I have not withheld any material facts.
- I understand that non-disclosure or mis-representation of a material fact may entitle the Scheme to decide in the Members' favour.
- I agree that my complaint information and evidence may be sent to the Member.

#### I also agree that:

- The Cosmetic Redress Scheme may publish the outcome of the complaint (removing personal information).
- Information used in considering my complaint might be retained for statistical analysis, for internal training purposes, as a source of precedent, or to assist in the investigation of future complaints.
- All the information and evidence I have provided will be passed to the Member.
- I will be required to confirm I agree with the Decision within 15 working days of being notified of the decision for it to be binding on the Member.

Name:	
Signature:	Date:
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### **Contact Us**

**4** 0345 362 3123







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