W 1 Health

Room 503/5th Floor, Linen Hall, 162-168 Regent Street, London, W1B 5TF

W 1 Health/Nicky Ellis

COMPLAINTS FORM: Data protection and general:

(For concerns about care, service, or how your personal information is used)

1. YOUR DETAILS:

Full Name:

Address:

Postcode:

Email:

Phone Number:

Preferred method of contact:

☐ Email

☐ Phone

☐ Letter

☐ Other (please specify): _____

Are you completing this form on behalf of someone else? ☐ Yes ☐ No

If yes, please provide:

1. **Name of the individual:**
2. **Your relationship to them:**
3. **Your contact details (if different):**

Please attach proof of your authority to act on their behalf:

☐ Signed letter of authority

☐ Power of attorney

☐ Other (please specify): _____

2. IDENTITY VERIFICATION (if required)

If we need to verify your identity, we may ask for one of the following:

- Passport
- Driving licence
- Utility bill (dated within the last 3 months)
- Other acceptable ID

Have you attached proof of identity? ☐ Yes ☐ No ☐ Not required

3. ABOUT YOUR COMPLAINT

What type of complaint are you making?

☐ About my osteopathic care or treatment

☐ About customer service or communication

☐ About how my personal information has been used (data protection complaint)

☐ Something else (please describe): _____

Please describe your complaint in as much detail as possible:

(Include dates, people involved, what happened, and how it has affected you.)

What outcome would you like as a result of this complaint?

4. SUPPORTING INFORMATION

Please attach any documents that may help us understand your complaint, such as:

- Emails or letters
- Screenshots
- Appointment details
- Relevant records
- Evidence relating to data use

Have you attached supporting documents? ☐ Yes ☐ No

5. ACCESSIBILITY AND ADDITONAL SUPPORT:

Do you need any adjustments to help you make this complaint?

(e.g., large print, help completing the form, communication support)

☐ Yes

☐ No

If yes, please tell us what you need:

6. COMPLAINTS FROM CHILDREN OR YOUNG PEOPLE- If the complainant is under 18:

- Age of child/young person:
- Does the child understand their rights and the nature of the complaint?

☐ Yes ☐ No ☐ Unsure

(We may need to assess competence to ensure the child can exercise their data rights.)

7. HOW WE WILL HANDLE YOUR COMPLAINT:

- We will **acknowledge your complaint within 30 days**.
- We will investigate your concerns promptly and respond **without unnecessary delay**.
- If your complaint relates to personal data, we will explain how your information is used and your rights under data protection law.
- If you are unhappy with our response, you can contact the **Information Commissioner's Office (ICO)** or the **General Osteopathic Council (GOsC)** depending on the nature of the complaint.

8. DECLARATION:

I confirm that the information I have provided is accurate to the best of my knowledge.

Signature:

Date: