



Complaints Form

We can only deal with complaints about the conduct of members of the HFMA. If you wish to make a complaint about a member of the HFMA please complete this form as fully as you can. You should also read our guidance note 'complaints against HFMA members', which gives you more information about our complaints procedures.

Please write clearly in ink or type, as we need to copy this form to others, including the HFMA member concerned or to another professional body of which he or she is a member. It will also help us to understand your complaint more fully if you attach copies of any documents you believe are relevant to your complaint.

Your details

Your name:

Your address:

Postcode:

Your telephone number:

Your email address:

HFMA member details

Name:

Address:

Postcode:

What is your relationship with the HFMA member:

(employer/employee/contractor/colleague/clinician/other):

Please set out your complaint:

Have you raised your complaint with the HFMA member concerned and, if so, what was the outcome?

What outcome are you expecting from the HFMA?

Confirmation

Do you agree that this complaint can be copied to:

- the HFMA member concerned,
- another professional body, if appropriate

(Please note that we may not be able to take your complaint forward unless you agree to this).

YES / NO