

# The Chartered Society of Physiotherapy Complaints Procedure – Complaint Form

## Personal Details

The information you provide will be processed in accordance with the Data Protection Act 2018.

**Title** \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Current Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

If there is anything which makes it difficult for you to pursue your complaint, for example if English is not your first language or you have a disability, please tell us how we might be able to help you.

**Please use this section to detail your complaint**

Date when incident occurred:

Incident details:

What outcome are you seeking from your complaint?

(If applicable) Persons involved:

Please send completed form to:

Complaints Coordinator  
Third Floor South,  
Chancery Exchange,  
10 Furnival Street,  
London EC1A 1AB

Email: [complaints@csp.org.uk](mailto:complaints@csp.org.uk)

**Office Use Only**

Complaint dealt with by:

Date: