

## Complaints Form

Please type or write clearly in dark ink, and please ensure that you sign the form.

### Your details

Name	
Address	
Postcode	
Email	
Telephone work/home Telephone mobile	

### Your horse's details

Are you the horse's owner? If no, ensure owner completes and signs last section of this form	YES/NO
What is the horse's name?	
How old is the horse?	
What gender is the horse?	

### Who is your complaint against?

Who is the veterinary surgeon (or other team member) you are complaining about?

### What happened?

Please give a brief outline of your complaint, including relevant dates, staff, location involved. Continue on separate paper if necessary.

**What outcome to your complaint are you seeking?**

Signed ..... Date.....

Name.....

If you are making a complaint about care/treatment of a horse on behalf of the horse's owner, please ensure he/she completes and signs the section below before you submit your complaint.

I consent to SEH releasing information to and discussing the care and treatment of .....(insert name of horse) in relation to this complaint and I authorise the person named above to complain on my behalf.

This authority is for an indefinite period / until ..... (**insert date**)

Signed ..... (Owner of horse this complaint refers to)

Date: .....



**Directors of Sussex Equine Hospital**

Paula Broadhurst  
Andy Crawford  
Ed Lyall  
Rob van Pelt  
Simon Staempfli  
Matt Waterhouse

[www.sussexequinehospital.co.uk](http://www.sussexequinehospital.co.uk)

**Complaints points of contact**

Complaints Coordinator: Tanya Bricker, Practice Manager  
[tanya.bricker@sussexequinehospital.co.uk](mailto:tanya.bricker@sussexequinehospital.co.uk) /01903 883050

In Tanya's absence:

Debra Freeman-Thorpe, Assistant Practice Manager  
[Debra.freeman-thorpe@sussexequinehospital.co.uk](mailto:Debra.freeman-thorpe@sussexequinehospital.co.uk)

Lisa Marter, Finance Manager  
[lisa.marter@sussexequinehospital.co.uk](mailto:lisa.marter@sussexequinehospital.co.uk)