

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, please ensure the owner completed & signs the 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
Simon Staempfli
Matt Waterhouse

www.sussexequinehospital.co.uk

Complaints points of contact

Complaints Coordinator: Tanya Bricker, Practice Manager
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In Tanya's absence:

Sarah Rogers, Finance Manager
Sarah.rogers@sussexequinehospital.co.uk