

## Complaints Form

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

### Your Details:

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Telephone work/home</b>	
<b>Telephone mobile</b>	

### 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  
Luis Rubio Martinez  
Simon Staempfli  
Matt Waterhouse

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**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](mailto:Sarah.rogers@sussexequinehospital.co.uk)