

# Making a complaint

## About this form

This form asks for the information we need from you if you wish to make a complaint about a BAC registered acupuncturist.

Before you fill in this form, please read the BAC's Information for Complainants as this will help you to understand what concerns we can and cannot deal with. It also gives information about how we deal with complaints against BAC members.

### **To complete this form by hand**

Print the form and write your responses in the spaces provided in clear, legible handwriting. If you require more space, please continue on additional sheets and attach them to the form.

### **To complete this form electronically**

Save the form to your computer or tablet before completing it.

### **When completing the form**

Please provide any information you think is relevant to your complaint. Full and clear details will help us deal with your concern quickly and efficiently.

If you want to talk about your concern or if you need help to fill in this form, please call the [Professional Standards Team](mailto:ethics@acupuncture.org.uk) on 020 8735 1213 or send an email to [ethics@acupuncture.org.uk](mailto:ethics@acupuncture.org.uk).

## About you

<b>Name</b>	
<b>Address</b>	Please provide this separately to the BACC
<b>Contact phone number</b>	Please provide this separately to the BACC
<b>Email address</b>	Please provide this separately to the BACC

## About the acupuncturist

<b>Name</b>	
<b>Name of practice</b>	
<b>Address</b>	

## About your complaint

Please provide any information you think is relevant to your complaint, including dates, time period, location, any witnesses, etc. You may find it helpful to describe each event in the order it happened. Please continue on a separate sheet if necessary.

## Your actions

Have you contacted any other organisations about your concern? For example, the acupuncturist's employer, a professional body, or the police?

Yes

No

- If **yes**, please provide their contact details and a summary of the action, if any, they are taking.
- If you have contacted the police, please provide the name and contact details of the investigating officer.
- Please keep us informed of the progress of any ongoing investigation that other organisations may be carrying out. Please also advise us of the final outcome and provide us with all the relevant documents.

<b>Name</b>	
<b>Address</b>	
<b>Contact phone number</b>	

## Summary of action

Yes

No

I have attached additional documents

**Please note: if your concern is currently being investigated by another organisation, we will consider whether we should carry out our investigation at the same time or whether it is more appropriate for us to wait until the other organisation has finished its procedures.**



## Declaration

To the best of my knowledge, the information I have provided in this form is accurate.

I understand that to investigate this matter the British Acupuncture Council will need to share this form, and any information I provide relating to it, with the practitioner concerned and may also need to share it with other relevant parties as appropriate.

I understand the procedures detailed in the sheet 'Information for Complainants'

I understand that in the course of the investigation full statements and correspondence may be copied to the practitioner for comment

I agree that any records or notes of mine and any other relevant patients which are released by the practitioner may be seen and reviewed in the course of the investigation and any further action

I understand and agree that any records or notes of mine and any other relevant patients may be seen and reviewed by a Medical, Legal or Technical Assessor appointed to advise the Professional Conduct Panels (the Investigating Panel, Health Committee, Professional Conduct and Competence Panel, Interim Orders Panel, Appeals Panel, Restoration Panel)

I am aware that this process is confidential to the parties involved and that any information supplied must be treated as such

I understand that if this matter is referred to a public hearing I may be called to give evidence.

I understand and agree that if this matter is referred to a public hearing I may be questioned and cross examined and that information about my health and medical history may be aired, discussed and scrutinised in the public hearing.

Name

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Signed

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Date

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