



www.livewellosteopathy.com / 01303 656056 / [hello@livewellosteopathy.com](mailto:hello@livewellosteopathy.com)

## Complaints Form - Data protection and general

### Live Well Osteopathy

(For concerns about care, service, or how your personal information is used)

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#### 1. Your details

**Full Name:**

**Address:**

**Postcode:**

**Email:**

**Phone Number:**

**Preferred method of contact:**

- Email
- Phone
- Letter
- Other (please specify): \_\_\_\_\_

**Are you completing this form on behalf of someone else?**

- Yes
- No

If yes, please provide:

**Name of the individual:** \_\_\_\_\_

**Your relationship to them:** \_\_\_\_\_

**Your contact details (if different):**

**Please attach proof of your authority to act on their behalf:**

- Signed letter of authority
- Power of attorney
- Other (please specify): \_\_\_\_\_

## 2. Identity verification (if required)

If we need to verify your identity, we may ask for one of the following:

- Passport
- Driving licence
- Utility bill (dated within the last 3 months)
- Other acceptable ID

### Have you attached proof of identity?

- Yes
- No
- Not required

## 3. About your complaint

### What type of complaint are you making?

- About my osteopathic care or treatment
- About customer service or communication
- About how my personal information has been used (data protection complaint)
- Something else (please describe): \_\_\_\_\_

### Please describe your complaint in as much detail as possible:

(Include dates, people involved, what happened, and how it has affected you.)

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### What outcome would you like as a result of this complaint?

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## 4. Supporting information

Please attach any documents that may help us understand your complaint, such as:

- Emails or letters
- Screenshots
- Appointment details

- Relevant records
- Evidence relating to data use

**Have you attached supporting documents?**

- Yes  
 No
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**5. Accessibility and additional support**

**Do you need any adjustments to help you make this complaint?**

(e.g., large print, help completing the form, communication support)

- Yes  
 No

If yes, please tell us what you need:

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**6. Complaints from Children or Young People**

If the complainant is under 18:

**Age of child/young person:**

**Does the child understand their rights and the nature of the complaint?**

- Yes  
 No  
 Unsure

(We may need to assess competence to ensure the child can exercise their data rights.)

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**7. How we will handle your complaint**

- We will **acknowledge your complaint within 30 days.**
  - We will investigate your concerns promptly and respond **without unnecessary delay.**
  - If your complaint relates to personal data, we will explain how your information is used and your rights under data protection law.
  - If you are unhappy with our response, you can contact the **Information Commissioner's Office (ICO)** or the **General Osteopathic Council (GOsC)** depending on the nature of the complaint.
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## **8. Declaration**

I confirm that the information I have provided is accurate to the best of my knowledge.

**Signature:**

**Date:**

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