

## Human Fertilisation and Embryology Authority (“The Authority”)

### Complaint about treatment or service received at a licensed centre

#### 1. About this form

This form has been designed to assist anyone making a complaint about the treatment or service that they have received at a centre licensed by the Authority.

The information provided on this form will help the Authority decide what to do with your complaint. A copy of this form may be shared with the centre at which you received the treatment or service complained about, so that they are given a chance to make comments if they wish.

#### 2. Your details

Name	
Address	
Day-time contact number	
Email	

If you are making this complaint on behalf of someone else, please fill in that person’s details below

Name	
Address	
Day time contact number	
Email	

In what capacity is the complaint made?

As a patient (or previous patient) of a Clinic licensed by the HFEA	
As a Healthcare Professional	
As a member of the public	

**3. Details of the matter that you wish to complain about**

Date matter occurred	
Time matter occurred	
Place matter occurred	
Was the matter seen by anyone else? If so, please provide names and contact details (if known) or other details to enable us to identify them	
Please describe the matter briefly (Use a separate sheet of paper if necessary)	
What effect has the matter had on you/any other person?	
What are you particularly unhappy about?	
What are you hoping to achieve by making this complaint?	

**4. Next steps**

1. Please sign and date this form, and return it (together with any documents you think may be relevant to your complaint) to:

Complaints Inspector  
HFEA  
Finsbury Tower  
103-105 Bunhill Row  
London EC1Y 8HF.

2. The HFEA will send you a formal acknowledgement of your complaint within 5 working days of receiving your complaint.
3. You may be contacted by a member of staff from the Authority seeking more information (which may include asking you to sign a consent form authorising them to obtain copies of your treatment records).

**I consent to this form being shown to the Person Responsible and staff at the centre at which I received the treatment and service that I am complaining about, and to the Authority processing my personal data for purposes related to my complaint.**

Signed.....

Date.....

## Audit and monitoring form

The Authority is keen to ensure that its complaints procedures are open and transparent.

As part of this policy, we seek to monitor and audit all aspects of the complaints process. You are not obliged to complete this form, but doing so will greatly assist us in this exercise. This information is used for statistical purposes only and is anonymised.

This form will not be considered as part of your complaint, and will not affect the outcome of your complaint in any way what so ever.

### Personal details

I am Male  Female  Transgender

Age \_\_\_\_\_

Do you consider yourself to have a disability?

Yes  No

Please state the town in which you live

\_\_\_\_\_

Are you:

currently undergoing fertility treatment services

seeking information about undergoing fertility treatment services

Person Responsible

donor conceived person

prospective donor  current donor  former donor

## Ethnic monitoring

Please make sure you read all the categories and then place a cross in the box that applies to you.

<p><b>White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background please state:</p>	<p><b>Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background please State:</p>	<p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background please state:</p>
<p><b>Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group please state:</p>	<p><b>Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background please state:</p>	