

Complaints form

1. About this form

This form has been designed to assist anyone making a complaint about the way in which the HFEA has exercised its statutory duties.

The information provided on this form will help the HFEA decide what to do with your complaint. If your complaint involves a member of staff, a copy of this form will be provided to the person complained about, so that they are given a chance to make comments if they wish.

2. Your details

Name	
Address	
Day-time contact numbers	
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 numbers	
Email	

In what capacity are you making the complaint?

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(s) matter occurred	
Time(s) matter occurred	
Place(s) matter occurred	
Was the matter seen or heard 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 (continue on 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

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

Head of Business Planning
HFEA
Finsbury Tower
103-105 Bunhill Row,
London EC1Y 8HF.

- (ii) The HFEA will send you a formal acknowledgement of your complaint within 5 working days of receiving your complaint.
- (iii) You may be contacted by a member of staff from the HFEA with a view to examining the complaint further, requesting more information or exploring the possibility of local resolution with you.

I consent to this form being shown to any person complained about, and to the HFEA processing my personal data for purposes related to my complaint.

Signed..... Date.....

Audit and monitoring

The HFEA 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.

White

- British
- Irish
- Any other white background please state:

Black or Black British

- Caribbean
- African
- Any other Black background please State:

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background please state:

Chinese or other ethnic group

- Chinese
- Any other ethnic group please state:

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background please state:

