

**GENERAL COMPLAINT FORM**

Are you:

Client/General public

Student

Member/Qualified Practitioner

Please fill in the following.  
Anonymous complaints will not be taken into consideration.

Name
Surname

**Legal address:**

Street	City	Country
Email	Phone/mobile number	

**Situation:**

Describe the situation you are complaining about
Please name the person/s you are complaining about (full name and location)
<b>Privacy Authorisation:</b> by completing this part of the form you authorise the PCRC to contact the practitioner/s involved and allow them to comment on your statement and disclose details about your personal process to the PCRC.
Have you tried to solve the issue with the person/s directly? If so, what was the outcome?

Do you have some written document or material supporting your claim? If so, please scan and enclose it.

Date	Place	Signature
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Thank you for reaching out by using this form. It will allow the PCRC to have a clearer idea of the situation in which you have been involved. Once filled out, you can send this form back to the following email address: **pcrc@iagmp.com**

Your claim will be registered upon arrival and discussed during the next meeting of the PCRC.

Please answer these questions in a direct and clear manner. You are kindly asked to write in English if that is possible for you.

**Thank you** for having filled in this document. Please send it by email to **pcrc@iagmp.com**