



Complaint Form

Ref: _____

HELEN HUNT
MEDICAL AESTHETICS

When, where and your details

| | |
|---------------------------|-----------------|
| Details of the complaint: | |
| Date of complaint: | Reporter name: |
| Time of complaint: | Reporter email: |

What Happened?

| |
|-------------------------|
| Immediate action taken: |
|-------------------------|

Learning Outcomes:

| What lessons might be learned? | | |
|--------------------------------|-----|---------|
| Action Point | Who | By when |
| | | |
| | | |

