



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Complaints Proforma.

Please read the [SVT Complains procedure](#) document before filling in this proforma.

Please do not include patient information.

### 1. About you

Name	
Role	
Organisation Name	
Correspondence address	
Your telephone number	
Your email address	

### 2. About the SVT Member

Please provide the information below (if known) about the SVT member

Name	
Profession	
SVT number	
Work address	

Telephone/email				
Is the person a locum?	Yes		No	
If yes, please provide details of the locum agency which supplied them:				
Is the person registered with any other body?	Yes		No	
If yes, please provide details:				
How long has this person been employed by your organisation and in which roles (please provide dates)?				
Do you know if there ever have been any concerns or complaints of a <u>similar nature</u> ?	Yes		No	
If yes, please give brief details				

### 3. Your Complaint

**On which date(s) or over what time period did the event(s) take place?**

**Where did the event(s) take place?**

**Please provide a summary of your complaint:**

*What you might need to include:*

*Any patient harm physical or psychological*

*Any misdiagnosis*

*Any remedial action taken*

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#### **4. Additional information**

Please use the space below to provide any additional information that may help us. If you need further space, please continue on an additional sheet of paper.

<b>Any further information?</b>