

Reporting a Concern or Complaint about a Registered Professional

If you would like to report a concern or complaint about a Vision Rehabilitation Worker or Habilitation Specialist (hereafter referred to as “the registered professional”) to RWPN please complete this form electronically and email it to [members@rwpn.org.uk](mailto:members@rwpn.org.uk) or send it by post to RWPN, 8 Mount Pleasant, Ilkley, West Yorkshire, LS29 8TW.

Before completing this form or contacting us, you may find it helpful to read RWPN’s [Concerns and Complaints Policy](https://www.rwpn.org.uk/resources/Documents/RWPN%20Concerns%20and%20Complaints.docx.pdf). Section one of the policy explains the kind of issues we can investigate in relation to a registered professional who is on RWPN’s [professional register](https://www.rwpn.org.uk/page-18124). The policy also explains how we go about investigating the concern or complaint and how we keep you informed. If you would like a copy of this policy in a different format please contact RWPN as above.

(If you wish to make a complaint about RWPN or about a member of its team please see [website](https://www.rwpn.org.uk/Concerns-and-Complaints/))

The aim of this form is to provide RWPN with:

* the basic information needed to identify you and the individual you wish to make a complaint about; and
* Details of your concern or complaint needed to investigate the matter

If you would like to discuss your concerns with the membership secretary of RWPN’s Registration and Professional Standards Committee, or if you need support to fill in this form, please contact us on 07395 131735.

1. Your Contact Details
2. What is your relationship to the registered professional? (delete those that do not apply)

* Client/service user
* Family or friend of client/service user
* Other professional involved in supporting the client/service user
* Manager/HR of registrant’s employer organisation
* Other (please specify)

1. Please give the name of the registered professional against whom you wish to register a concern or make a complaint
2. Details of your concern or complaint

Please describe your concern or complaint as fully as possible. Provide as much information as possible about what happened, where it happened and the dates when it happened. (If you are filling this out as a Word document, the space will expand as you type.)

1. Supporting documents

Please provide copies of any relevant documents about your concern or complaint or any other evidence that you think supports your position. Please list below the documents you are sending. Please number each document so that we can easily identify them.

1. Have you complained about this to any organisation, such as the registered professional’s employer? Delete those that do **not** apply.

Yes No n/a

If you have, please say which organisation(s) you have complained to. Give brief details of what happened to your complaint and provide a copy of any letters between you and them.

1. Declaration and consent to disclose

In order to deal with your complaint, we will need to disclose details of it to the registered professional concerned and, potentially, their employer. Please read, sign and date the declaration box below to give us your consent to do this. We are unlikely to be able to take your complaint any further if you do not sign and date the box below.

I would like RWPN to consider my complaint. I confirm that all the information I have given in this form is, to the best of my knowledge, accurate. I understand that:

* RWPN will need to handle personal details about me - which could include sensitive information - to deal with my concern or complaint.
* RWPN will need to disclose my concern or complaint and any information that is necessary, including confidential material, in connection with it to the vision professional named in this form and may share it with any other regulator or authority (including but not limited to the police).
* The vision professional can disclose to RWPN any information that is necessary for RWPN to consider my concern or complaint.

Signed: Date: