

Complaint form

Please type your reply or write clearly in black ink. Illegible forms will be rejected.

Section 1

Complainant's details

Name of complainant:	_____
Contact address:	_____

Telephone number:	_____
Email address:	_____

Section 2

Member's details

Name of member:	_____
Practice name:	_____
Full practice address or known address:	_____

Telephone number:	_____
Email address:	_____
Website:	_____

Section 3

Complaint details — project related complaint (if the complaint is not related to a specific project, please go to Section 3a)

Complaint refers to:	_____

Date of appointment:	_____
Capacity appointed:	_____
Address of project:	_____

Agreed terms of appointment: <i>(please attach copy of agreement)</i>	_____

Date of termination of appointment:	_____
<i>Please attach confirmation of termination (if applicable)</i>	

Section 3a

Complaint details — other complaint

Complaint refers to:	_____

Copies of the Institute’s Code of Conduct can be downloaded from the website:

<https://ciat.org.uk/membership/code-of-conduct-new.html>

If you are unable to download the document you require, please contact the Practice Department.

The Codes of Conduct that are available on the website are listed below. Please indicate the Code of Conduct that this complaint relates to (i.e. the date that the project commenced or was completed by).

- Code of Conduct effective 1 March 2003
- Code of Conduct effective 1 March 2004
- Code of Conduct effective 1 March 2005
- Code of Conduct effective 22 July 2005
- Code of Conduct effective 1 May 2007
- Code of Conduct effective 1 May 2009
- Code of Conduct effective 1 May 2010
- Code of Conduct effective 1 May 2011
- Code of Conduct effective 1 May 2014
- Code of Conduct effective 1 March 2019

NB. — this information must be indicated here. If the details of the Code of Conduct are not stated the complaint will be rejected.

Please identify the Clause(s) and/or Sub-Clauses that you consider our member has breached from the Code of Conduct that you have indicated above:

Section 4

List each individual Clause and/or Sub-Clause and detail in no more than 200 words per Clause/Sub-Clause why you consider the member is in breach:

Clause ____: _____

Clause ____: _____

Clause ____: _____

If there are additional clauses and/or sub-clauses that you wish to include as part of this complaint, please indicate these on a separate sheet/sheets if necessary. Please list each clause and detail in no more than 200 words per clause why you consider the member is in breach.

Please list items of supporting documentation to be considered as part of your complaint. (You are requested to provide, where necessary, documentation such as terms of engagements and timelines. Please only submit drawings if they directly relate to your response. If you intend to submit supporting documentation as part of your response, please ensure that **TEN COPIES** of each item is received by CIAT along with your response by the deadline stated in the accompanying letter. If they are not included we will be unable to process your complaint and it will be returned to you.) Please ensure that copies of all supporting documentation are attached to this document:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Section 5

Please confirm if you have tried to resolve this issue with our member and, if so, please indicate the method or methods used:

Section 6 Checklist

Before submitting the Complaint receipt form to CIAT, please tick the following:

- Complainant details completed
- Member details completed
- Complaint details completed
- Date of relevant Code of Conduct indicated
- Clause(s) and/or sub-clauses from Code of Conduct indicated
- Supporting documentation attached:
 - Terms of engagement
 - Confirmation of termination of appointment (if applicable)
 - Timeline
 - Other (please indicate): _____

Declaration

I understand that this form and all supporting documentation, including the covering letter that has been submitted, will be copied to the member for their right of reply.

Signed _____ Dated _____
Complainant(s)

****Where a complaint is raised in more than one name, all parties are required to sign the complaint form.***

NB. if this form is not signed and dated, it will be returned to you and this will delay the process in dealing with this complaint.