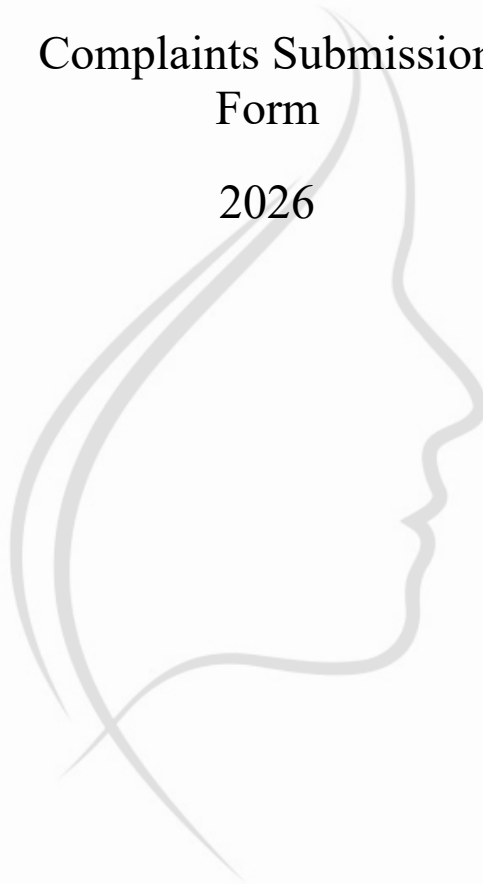




Elegant Aesthetics Ltd

Complaints Submission
Form

2026



Elegant Aesthetics Ltd

Complaints Submission Form

Confidential Document

This form is to be used by clients or staff members to formally submit a complaint under the Complaints & Professional Conduct Policy.

Please complete all relevant sections as fully and accurately as possible.

Section 1: Complainant Details

Full Name: _____

Status (please tick):

☐ Client

☐ Staff Member

☐ Other (please specify): _____

Contact Telephone Number: _____

Email Address: _____

Clinic Location (if applicable): _____

Section 2: Person Complaint Is About

Name of Individual (if known): _____

Role (if known):

☐ Staff Member

☐ Client

☐ Other: _____

Section 3: Details of the Incident

Date of Incident: _____

Time of Incident (approximate if unsure): _____

Location of Incident: _____

Please provide a clear and factual description of what occurred.
Include specific words used (if relevant), actions taken, and the sequence of events.

(Attach additional pages if required.)

Section 4: Witnesses (if any)

Please list the names and contact details of any witnesses:

1.

2.

3.

Section 5: Evidence

Please indicate any supporting evidence available:

- ☐ Emails / Messages
- ☐ Photographs
- ☐ CCTV (if applicable)

- ☐ Appointment Records
- ☐ Medical Notes (clinical complaints only)
- ☐ Other: _____

Please attach copies where possible.

Section 6: Desired Resolution (Optional)

Please outline what outcome or resolution you are seeking (if applicable):

Section 7: Declaration

I confirm that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that deliberately false, misleading, or malicious complaints may result in disciplinary action (for staff) or termination of services (for clients).

Signature: _____

Printed Name: _____

Date: _____

Please return a copy of your complaint to:

Elegant Aesthetics Ltd

Head Office

30 Derryounce

Edenderry Road

Portarlinton

Co Laois R32 W5YD

Or

complaints@elegant-aesthetics.ie

Office Use Only

Date Received: _____

Received By: _____

Investigator Assigned: _____

Investigation Start Date: _____

Outcome:

- ☐ No Breach Found
- ☐ Staff Disciplinary Action
- ☐ Client Warning Issued
- ☐ Client Ban
- ☐ Other: _____

Director Decision Date: _____

Appeal Submitted: ☐ Yes ☐ No

Final Appeal Decision Date (if applicable): _____