**Complaints Form**

Any clients or customers who wish to express their dissatisfaction about the service received, or any other issues they may have experienced within Nomad Travel Stores and Clinics, can do so formally by completing this form.

It should be completed in conjunction with the Complaints Policy to ensure all required information is provided.

Client’s complaints are of a high priority to Nomad and they will be dealt with as quickly as possible. Clients will receive an initial reply within 3 days and a full response within 28 working days after an investigation has been completed.

A complaint can be processed through any of the following methods most convenient to the client:

* Complete a **Complaints Form** and send it to:

Customer Services Manager

Nomad Travel

3 Wellington Terrace

Turnpike Lane

London

N8 0PX

* Hand the form into a member of staff within the store or clinic where it will be forwarded onto the relevant individual who will deal with the complaint.
* Complete and send it to customerservices@nomadtravel.co.uk
* Complaints can also be made via email or in writing without the use of the accompanying form. They will receive the same priority and be dealt with in the same manner as a complaint received on the complaints form.

If clients feel that the outcome of any complaint is unsatisfactory, we recommend that their complaint can be sent to the following organisations:

**For complaints referring to our Travel Clinics: For complaints referring to our Pharmacy:**

CQC National Correspondence General Pharmaceutical Council
PO Box 1258 Standards Advisory Team

Newcastle upon Tyne Telephone: 020 3365 3460
NE99 5AU

Email: **enquiries@cqc.org.uk**

Telephone: 03000 616161

**Details of the complaint** :

**Clinic /Store name:**

**Staff Members involved:**

Please fill in the box below with as much detail as possible.

**Client information:**

|  |
| --- |
| Please provide the following details so that a personal response may be sent to you: |
| Name |  |
| Address |  |
| Phone Number |  |
| Email Address |  |