IMI Concern & Complaint Form

Please use this form to submit any concerns or complaints about:

- an IMI Member;
- the Institute of Medical Illustrators, its processes or any representative;

Please complete and send this form by email to the IMI Honorary Secretary at: secretary@imi.org.uk

Alternatively, send the form by post to:

IMI Honorary Secretary, 12 Coldbath Square, London, EC1R 5HL.

It is essential that the form is completed clearly and accurately, with as much detail as possible.

Please attach **copies** of any information that you think will be useful to support your concern or complaint and remember to keep a copy for yourself.

IMI will acknowledge receipt of this form within 3 working days.

Please note:

Concerns and complaints expressed anonymously will be considered seriously but are more difficult to investigate and explore thoroughly. They will be considered at the discretion of the IMI Officers if deemed to be in the public interest.

If an allegation is made in in good faith but is not confirmed by subsequent investigation, no action will be taken against the individual or organisation raising the concern or complaint.

If an individual or organisation makes malicious or vexatious allegations, and particularly if they persist in making them, disciplinary or legal action may be taken.

Your Title (Mr/Ms/Mrs)	
Your first name and surname	
Your address	
Your daytime telephone number	
Your email address	
If you are raising a concern or complaining on behalf of someone else (e.g. your child) please give their name and the reason you are submitting this form.	
Details of the reason for the concern or complaint, including date(s) when any incident(s) occurred, and the name of any person who is the subject of the concern. **Please supply as much information as you can and list any copies of information you submit. (continue on another sheet if necessary).**	
Your signature	
Date	

Continuation sheet. **Details of the reason for the concern or complaint, including date(s) when any incident(s) occurred, and the name of any person who is the subject of the concern.**	

For IMI Use	
Date received:	
Date acknowledged:	
Date resolved:	