

Complaints Form

All BAEDT members work to provide equine dental services to a high professional standard, however, if something goes wrong, all complaints are investigated under our complaint's procedure.

The BAEDT recognise that individual cases must be decided on their own merits and facts, hence the requirement to complete this form with as much detail as possible.

The BAEDT jurisdiction is limited to complaints which, if proved, allow the BAEDT to impose penalties with regards to the member's BAEDT membership, this may be asking the member to complete further training, issuing warnings or in the most severe cases expulsion from the Association.

It must be made clear that the BAEDT does not have any jurisdiction to prevent a member from practising equine dentistry in the United Kingdom.

Complaints that are, in effect, allegations of negligence and severe animal welfare are a matter for the legal courts for which you would need to make against the Equine Dental Technician directly.

A complaint about an incident involving poor standards of workmanship that is more than six weeks old will generally be considered out of time and will not be investigated.

You are required to complete <u>all sections</u> of this complaint form before the BAEDT will accept your complaint to be dealt with.

Date of Complaint Submission Date: Your Details Full Name: Postal Address: Contact Telephone Number: Contact Email Address:



Your Complaint

BAEDT	Membe	er's N	Name:
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Please describe in detail what you wish to complain about. Please ensure you are clear if your complaint is about a member's personal conduct towards you or your animal, the impact this has had on your animal's welfare, what evidence

you have to support your complaint (no evidence limits our disciplinary measures we can impose), details on the locatic and date of incident etc. It is important your statement is objective and not subjective. Please note to fairly handle all complaints all information provided will be shared with the BAEDT member in question.
Complaint details:
Signed:
Date: