



International Federation of Aromatherapists

COMPLAINTS FORM

You will need to complete this complaint form to lodge an official complaint with the IFA. Please complete the form to the best of your knowledge and send a copy to the IFA Head Office: 20a The Mall, Ealing, London, W5 2PJ or email office@ifaroma.org. Please note complaints will only be accepted once this form has been completed.

Your Details

Name

Address

Postcode

Contact Telephone No Mobile Number

Person Involved

The person you are complaining about details

Name

Address

Postcode

Contact Telephone No Mobile Number

I can confirm I have checked they are listed on the IFA Directory



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Have you contacted the therapist regarding your concerns? Yes No

Did they respond? Yes No

If yes, please supply a copy of the response

What date(s) did the incident take place?

Please state the location the incident took place?

Did the incident occur by:

Email

Telephone

In Person

If by email, please include a copy of the correspondence

Were other people present?

Yes

No

If you have ticked 'yes' please provide details of the other person(s)

Name

Address

Contact Telephone No

Mobile Number

I am unable to provide

Have any third parties been involved in the incident?

Employer

Police

Another Organisation

If so, please include a copy of their report/response



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In your own words please describe what happened

The Information contained is true to the best of my knowledge

Dated

Signed

You will receive a receipt of your complaint within 48 hours