



## British Association of Hair Restoration Surgery Member Complaint Form

Before submitting a Complaint, you must verify the person you claim to have violated their Membership category-specific BAHRS Code of Conduct is a BAHRS member. You may contact [office@bahrs.co.uk](mailto:office@bahrs.co.uk) to confirm whether the individual is a BAHRS member or search on the [BAHRS website](#). The BAHRS cannot process Complaints against non-members.

Please type or print neatly.

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Your Name: ..... Your email: .....

Your Address: ..... Your phone no.: .....

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Member you allege to have violated their BAHRS Code of Conduct (“Respondent”):

Their name: .....

Their address: .....

Their phone no.: .....

*Note: You must file a separate form for each individual against whom you wish to file a Complaint.*

When did the alleged violation begin? .....

When did you first learn of the alleged violation? .....

Have you been, and/or are you currently, involved in litigation with the Respondent? If so, identify the forum(s) and case number(s) of each matter.

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List the Principles from the Code of Conduct you believe were violated by the Respondent:

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*Please continue on a separate page if necessary.*

On separate paper, please describe in detail, the facts and circumstances upon which you base your claim that the Respondent violated their Code of Conduct. Include all facts supporting your Complaint, dates and locations, and all individuals present during any specified incidents. You must submit copies of all documents, records, data, and/or other information supporting your Complaint with this Form (electronic will suffice).

**Please sign the Releases and Waiver of Claims below without modification. We will only process your Complaint if these Releases and Wavier are signed.**

### **Releases and Waiver of Claims**

I hereby give the Respondent permission to give the BAHRS Ethics Committee (“Committee”) any confidential information regarding me, including any records of our interactions, and to answer all questions the Committee may have concerning such information.

I hereby give the BAHRS Ethics Committee permission to provide copies of my Complaint and any materials submitted by me or on my behalf concerning my Complaint to the Respondent and/or any other person(s) in connection with any investigation conducted by the Committee as it deems appropriate in its sole discretion.

I hereby knowingly, voluntarily, and willingly waive any and all claims, demands, actions, or causes of action of any kind I may have directly or indirectly against the BAHRS or any of its directors, officers, members, volunteers, employees, contractors, agents or other representatives resulting from, arising out of, or in any way connected with, or related to, my Complaint.

I hereby knowingly, voluntarily, and willingly release the BAHRS and its directors, officers, members, volunteers, employees, contractors, agents or other representatives from all liability for any loss or damage whatsoever resulting from, arising out of, or in any way connected with, or related to, my Complaint.

Signature: .....

Date: .....