



British Association of Hair Restoration Surgery
Member Code of Conduct Violation Complaint Form

Please type or print neatly.

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

Before submitting a Complaint, you must verify the person you claim to have violated their BAHRS Code of Conduct is a BAHRS member and what their membership category is.

You can find this information by going to the 'Find a BAHRS Member' search tool at

<https://www.bahrs.co.uk/find-a-member/> You may also contact office@bahrs.co.uk to confirm whether the individual is a BAHRS member and what their BAHRS membership category is.

The BAHRS cannot process Complaints about non-members.

Please review the relevant BAHRS Code of Conduct that corresponds to the membership category of the BAHRS member that you wish to make a Complaint about.

This can be found at www.bahrs.co.uk/about-us/bahrs-standards/

Your details ("Complainant"):

Your name: _____

Your address: _____

Your phone number: _____

Your email address: _____

Are you a BAHRS member?: Yes ___ No ___

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

Name: _____

BAHRS Membership Category: _____

Complaint:

When did the alleged unethical behaviour begin?: _____

When did you first learn of the alleged unethical behaviour?: _____

Have you been, and/or are you currently, involved in litigation with the Respondent? If so, please provide further information below:

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

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, including 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.

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

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:** _____

Return the completed form and attachments to office@bahrs.co.uk