



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Customer Service Complaints Form

This form may be typed or completed in block capitals, printed out, signed and posted to:

The CORU Customer Service Team
CORU
Infinity Building
George's Court, George's Lane
Smithfield
Dublin 7
D07 E98Y

First name:

Family name:

Address:

Email:

Telephone:

Date of incident:

DD/MM/YYYY

Summary of your complaint:

Advise how we can contact you?

Telephone:

Email:

In writing:

Declaration

I confirm that the above information is correct and that I wish CORU to investigate this complaint.

Signature:

Date:

DD/MM/YYYY