



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 capital letters, signed and emailed to customerservice@coru.ie.

First name:

Surname:

Address:

Email:

Telephone:

Application No*:

Date of incident:

DD/MM/YYYY

*If applicable

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