

Client Complaint Form - Holistic Origin

1. Your Details

Full Name:

Date of Birth:

Email Address:

Phone Number:

Date(s) of Treatment:

2. Your Complaint

Describe what happened (include relevant dates, people involved, and what you found unsatisfactory):

What outcome or resolution are you hoping for? (e.g., apology, refund, improvement):

Client Complaint Form - Holistic Origin

3. Follow-Up

Have you already discussed this with your therapist?

☐ Yes ☐ No

Preferred method of follow-up:

☐ Email ☐ Phone ☐ No follow-up

After submission, we will review your complaint and respond within 14 days. If we cannot resolve the matter together, you have the right to escalate the issue to our external complaints officer or the GAT disputes committee, in accordance with the Wkkgz law.

Submit this form via email or post:

Email: info@holisticorigin.com

Phone: +31 6 11642436

Address: Scheltemaheerd 94, 9736AL

Website: www.holisticorigin.com