

HEALTH PROFESSIONS COUNCIL
Fitness to Practise Directorate

Case Investigation Report

Case Reference:

Registrant

Name:

Registration No.:

Profession:

Complainant

Name:

Category:

Allegation

Category of allegation:

Nature of Allegation:

Documents and other materials(full copies attached)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Further investigations

(NB: where further investigations have been conducted which extend beyond gathering documents and materials, such as interviewing witnesses, the outcome must be recorded appropriately and included in the documents and materials)

Recommendations (if any)

In making this report I confirm that, in accordance with Rule 4(3)(b) of the Health Professions Council (Investigating Committee) Procedure Rules 2003, the registrant has been given the opportunity to comment upon the documents and other materials referred to above (other than those which were provided by the registrant).

Case Manager: _____

Signature: _____

Date: _____

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