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 documents and materials, such as interviewing witnesses appropriately and included in the documents and materials)			
Recommendations (if any)			
riecommendations (ii arry)			
In making this report I confirm that, in accordar	ice with Ru	ıle 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

Case Manager:

Signature:

Date: _____

were provided by the registrant).



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