

COMPLAINT FORM

The following details are recorded for complaints and placed in the complaints file once resolved.

DATE: _____

LOCATION (IN PRACTICE) _____

NAME (complainant) _____

ADDRESS _____

TELEPHONE _____

DESCRIPTION OF COMPLAINT (from complainant's point of view)

PRIVACY?

OTHER HEALTH ISSUE?

WHAT ACTION WAS TAKEN?

SITUATION RESOLVED? YES NO DATE

IF NO, REFERRED FOR FURTHER ACTION TO

NATIONAL PRIVACY COMMISSIONER?

HEALTH SERVICES COMMISSIONER?

SIGNED _____ DATE _____

(Staff member taking complaint)