

Complaint Form

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

Date:

Time:

Staff member taking complaint

Name (printed):

Signature:

How was the complaint made? (e.g. phone, in person, letter)

Description:

Details of complainant

Complainant name:

Address:

Phone:

Description of complaint (from complainant's point of view)

Privacy

Other Health Issue

Date:

Description:

What action was taken?

Description:**Incident form completed?**

Yes

No

Practice Manager notification:

Date:

Time:

Date complaint acknowledgement letter sent:

Date:

Yes

No

Situation Resolution**Situation resolved?**

Date:

Yes

No

If no, referred further action to:National
Privacy
CommissionerHealth
Services
Commissioner**Referred for discussion at Practice meeting:**

Yes

No