

PATIENTS COMPLAINT FORM

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

DATE _____ LOCATION _____
(in Practice)

NAME _____
(complainant)

ADDRESS _____
_____ TEL. _____

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
 Other

SIGNED _____ DATE _____
(Staff member taking complaint)