The information MUST be completed to investigate your complaint.

# Complainant information

|  |  |  |
| --- | --- | --- |
| Name | Address | Contact Details |
|  |  |  |

# what is reason for your complaint? Tick appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| * Quality of Care
* Misdiagnosis
* Customer Service
* Work Cover
* Billing
 | * Abuse
* Sexual contact
* Misfiled prescription
* Inappropriate prescribing
* Excessive test/treatment
 | * Patient abandonment/neglect
* Impaired provider
* Failure to release patient records
* False advertising
 | * Other, please explain….
 |

# Details of the complaint

|  |
| --- |
| Provide a complete description of the complaint. Include facts, details, dates, locations, who, whom, when & where |
|  |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your feedback. It is our policy to respond to your complaint/feedback within 7 business days.

# Complainant information

|  |  |  |
| --- | --- | --- |
| DATE RECEIVED | RECEIVED BY | REFERED TO |
|  |  |  |

# ACTION TAKEN BY THE PRACTICE

|  |
| --- |
|  |

# Priority

|  |
| --- |
| * High
* Medium
* Low
 |

# Status

|  |  |  |
| --- | --- | --- |
| * Closed
 | * Ongoing
 | * Further Action Required
 |
| Notes/Actions |  |
| Has this issue been discussed with Principles/Management? If so who and when.  |
|  |
| Has the resolution been discussed with the complainant? If so date and time.  |
|  |

Signature/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_