

Complaint Form:

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

Staff Member taking complaint:

Name: _____ Signature: _____

How was the complaint made? (Eg: via phone, person, letter)

Description:

Date: _____ Time: _____ Location in Practice: _____

Details of Complaint:

Complainant name: _____ File ID: _____

Address: _____ Phone: _____

Description of Complaint:

Privacy _____ Other Health Issue _____ Date: _____

Description of complaint/what occurred:

What action was taken?

Description:

Incident Form Completed: Yes/No

Practice Manager Notification: Date:_____ Time: _____

Date complaint acknowledgement letter sent: Date:_____ Sent: **Yes/No**

Situation Resolution

Situation Resolved: Yes/No **Date:** _____

If no, referred further action to:

National Privacy Commissioner: Yes/No or **Health Services Commissioner:** Yes/No

Referred for discussion at Practice meeting: Yes/No