



Complaint Form

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

Details of complainant

Name:	Address:
Phone:	

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

<input type="checkbox"/> Privacy	<input type="checkbox"/> Other Health Issue	Date:
Description:		

Staff member taking complaint

Name (printed):	Signature:	
How was the complaint made? (e.g. phone, in person, letter)		
Description:		
Date:	Time:	Location in practice:

What action was taken?

Description:		
Incident form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practice Manager notification:	Date:	Time:
Date complaint acknowledgement letter sent:	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Situation Resolution

Situation resolved?	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, referred further action to:	<input type="checkbox"/> National Privacy Commissioner	<input type="checkbox"/> Health Services Commissioner
Referred for discussion at Practice meeting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No