Complaint, Compliment or Suggestion Form

The following details are recorded for patients, complaints, compliments & suggestions and placed in related file.

Details

Name: **Address:**

Phone:

Description

☐ Complaint ☐ Compliment ☐ Suggestions ☐ Privacy ☐ Other Health Issue

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(Office use only)

Staff member taking the statement, if any.

Name (printed): **Signature:**

How was this statement made? (e.g. phone, in person, letter)

Description:

Date: **Time:** **Location in practice:**

What action was taken?

Description:

Incident form completed? (if relevant)	☐ Yes	☐ No
Practice Manager notification:	Date:	Time:
Date acknowledgement letter sent:	☐ Yes ☐ No	Date:

If Complaint - Situation Resolution

Situation resolved?	☐ Yes ☐ No	Date:
If no, referred further action to:	☐ National Privacy Commissioner	☐ Health Services Commissioner
Referred for discussion at Practice meeting:	☐ Yes	☐ No