

Feedback Form



Name _____ Date _____

Complaints / Compliments / Suggestions

Action (if required)

Outcome

Staff Member _____ Signature _____

Supervisor _____ Signature _____

Your requests and complaints will be treated confidentially. Our practice representative will contact you within a reasonable time after receipt of your complaint to discuss your concerns and your options. You will also be informed of any actions that have been taken by our practice to resolve the issue.

If you feel the clinic cannot resolve your complaint or concern please contact the Health and Disability Services Complaints Office on 6551 7600 or 1800 813 583.