

Complaint Form

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

Staff member taking complaint

Name (printed):	Signature:
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How was the complaint made? (e.g. phone, in person, letter, e-mail)

Description:		
Date:	Time:	Location in practice:

Details of complainant

Complainant name:	File ID:
Address:	Phone:

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

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

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:	<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