

Practice Manager notified?	<input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No Time: _____
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I understand that staff investigating this matter may need to view my health records, but acknowledge and understand that all information will be kept confidential. I understand that this complaint will in no way affect any care provided.

Full Name: _____

Signature: _____ Date: _____

Thank you for your feedback and taking the time to bring this to our attention. You will receive an acknowledgement within 3-5 business days.

Please return the completed form to the practice manager via email, in person or post.

Email: admin@lagoonmedicalcentre.com.au

Post: Attn – Practice Manager 1/283 Beeliar Drive, Yangebup WA 6164

Practice Manager to complete

Situation Resolution

Complaint acknowledgement letter sent:	<input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No
Situation resolved?	<input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No
If no, referred further action to:	<input type="checkbox"/> Office of the Australian Information Commissioner	<input type="checkbox"/> State/Territory Health Services/Complaints Commissioner

Any other comments:

Practice Manager Name: _____

Signature : _____

Date: _____