

## **Complaint Form**

## Private and Confidential

Patient Details	
Full Name:	Address:
Date of Birth:	Contact number:
Email address:	
Are you lodging this complaint on behalf of:	Myself Someone else
If not yourself, details of the person who received the service:	Full Name : Date of Birth :
	Relationship to person above (i.e. ; Mother, sister) :
Is this person aware you are making this complaint?	Yes No
Basis of complaint	
	exual harassment  Physical harassment eligion Other (specify):
Complaint/concern information	
Date of incident:	
Time of incident:	
Location of incident:	
Details of the incident (in your point of view, attach any n	relevant documentation to the back of this form)
Do you have any suggestions for proposed action to a	address or resolve the complaint/concern?
Relevant evidence attached?	Yes No



Practice Manager notified?		☐ Yes Date:	□ No Time:	
I understand that staff investigating th understand that all information will be provided.	•	•	-	care
Full Name:				
Signature:		Date	Date:	
Thank you for your feedback and taki within 3-5 business days.	ng the time to bring	this to our attention	n. You will receive an acknowledgen	nent
Please return the completed form to t	he practice manage	er via email, in pers	on or post.	
<b>Email</b> : admin@lagoonmedicalcentre. <b>Post:</b> Attn – Practice Manager 1/283		gebup WA 6164		
Practice Manager to complete				
Situation Resolution				
Complaint acknowledgement letter sent:	Yes		No	
Sont.	Date:			
Situation resolved?	Date: Ves Date:		No	
	<ul><li>Yes</li><li>Date:</li><li>Office of the A</li></ul>	_	State/Territory Health	
Situation resolved?	Yes Date:	_		
Situation resolved? If no, referred further action to:	<ul> <li>Yes</li> <li>Date:</li> <li>Office of the A</li> <li>Information Comm</li> </ul>	nissioner Ser	State/Territory Health	
Situation resolved? If no, referred further action to: <i>Any other comments:</i>	<ul> <li>Yes</li> <li>Date:</li> <li>Office of the A</li> <li>Information Comm</li> </ul>	nissioner Ser	State/Territory Health	