

## Complaint Form

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

Staff member taking complaint	
Name (printed):	Signature:

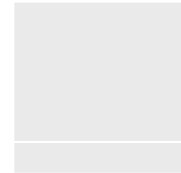
How was the complaint made? (e.g. phone, in person, letter)		
Description:		
Date:	Time:	Location in practice:

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:	Date: <input type="checkbox"/> Yes	<input type="checkbox"/> No



## Situation Resolution

<b>Situation resolved?</b>	Date: <input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, referred further action to:</b>	<input type="checkbox"/> National Privacy Commissioner	<input type="checkbox"/> Health Services Commissioner
<b>Referred for discussion at Practice meeting:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No