

# Medical Professionals Dapto –

## Feedback Form

**Instructions:**

Complainant to complete Part A only and lodge this form at reception.

Practice to complete Part B.

PART A			
<b>Details of person completing the complaint form</b>			
Name (printed):		Signature:	
<b>How was the complaint lodged?</b>			
Letter	Telephone	Feedback/Suggestion For Improvement Form	
In Person	Email	Other (specify):	
<b>Details of complainant</b>			
Complainant name:		File ID (where applicable):	
Address:			
Home contact number:			
Work contact number:			
Mobile contact number:			
Email:			
<b>Preferred contact method</b>	<b>Mail</b>	<b>Email</b>	<b>Telephone</b>
<b>Description of complaint (from complainant's point of view)</b>			
Description:			
<b>PART B</b>			
<b>What action was taken?</b>			

## Medical Professionals Dapto –

### Feedback Form

**Instructions:**

Complainant to complete Part A only and lodge this form at reception.

Practice to complete Part B.

Description:

Incident form completed?	Yes	No
Practice Manager/Practice Principal notified:	Date:	Time:
Complaint acknowledgement letter sent:	Yes Date:	No

#### Situation Resolution

Situation resolved?	Yes Date:	No
If no, referred further action to:	Office of the Australian Information Commissioner	State/Territory Health Services/ Complaints Commissioner
Referred for discussion at practice meeting:	Yes	No

#### Notes:

# Medical Professionals Dapto –

## Feedback Form

***Instructions:***

*Complainant to complete Part A only and lodge this form at reception.*

*Practice to complete Part B.*

