

## 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)

Privacy

Other Health Issue

Date:

Description:

**What action was taken?**

Description:

Incident form completed?

 Yes No

Practice Manager notification:

Date:

Time:

Date complaint acknowledgement letter sent:

Date:

 Yes No**Situation Resolution**

Situation resolved?

Date:

 Yes No

If no, referred further action to:

 National  
Privacy  
Commissioner Health  
Services  
Commissioner

Referred for discussion at Practice meeting:

 Yes No