Complaint Form

The following information MUST be provided to investigate your complaint.

COMPLAINANT INFORMATION		
Name	**Address**	**Contact Details**

WHAT IS REASON FOR YOUR COMPLAINT? TICK APPROPRIATE			
– Quality of Care	– Abuse	– Patient abandonment/neglect	– Other, please explain….
– Misdiagnosis	– Sexual contact	– Impaired provider	
– Customer Service	– Misfiled prescription	– Failure to release patient records	
– Work Cover	– Inappropriate prescribing	– False advertising	
– Billing	– Excessive test/treatment		

DETAILS OF THE COMPLAINT
Provide a complete description of the complaint. Include facts, details, dates, locations, who, whom, when & where

Name: _____

Signature: _____

Date: _____

Thank you for your feedback. You may return this form to the receptionist in person or send it via email to admin@glenwoodmedicalpractice.com.au Your feedback will be forwarded to the Practice Manager and Dr Huynh for review. It is our policy to respond to your complaint/feedback within 7 business days.

Complaint Form

GMP OFFICE USE ONLY

COMPLAINANT INFORMATION

DATE RECEIVED	RECEIVED BY	REFERED TO

ACTION TAKEN BY THE PRACTICE

PRIORITY

- High
- Medium
- Low

STATUS

– Closed	– Ongoing	– Further Action Required

NOTES/ACTIONS	

Has this issue been discussed with Principles/Management? If so who and when.

Has the resolution been discussed with the complainant? If so date and time.

Name: _____

Signature: _____

Date: _____