

Section 1 Complaint Details

Patient Name: _____

Date of Consultation/Visit: _____

Section 2: Nature of Complaint:

(continue overleaf if necessary)

(continue overleaf if necessary)

Complaint taken by: _____ Date: _____

NOTE: A copy of the "Complaint Policy leaflet" is to be given to the person making the complaint along with a copy of the Code of Health and Disability Services Consumers' Rights Act 1992.