



Patient Complaint Form

I want to lodge a complaint with The Pines Family Practice

Section 1 My details are:

Mr/Mrs/Ms (other) _____ First Name _____ Last Name _____

Address _____

_____ State _____ Postcode _____

Telephone: _____ Mobile: _____

Date of Birth: _____ E-mail address _____

The best way to contact me is _____ Day: _____ Time: _____

I am lodging this complaint on behalf of: **Myself** (go to section 3)

Another person (please complete the details below)

Is that person aware you are making this complaint? **Yes** **No** (please circle)

My relationship with the person is (for example sister, parent, carer) _____

Section 2 Details of the person who received the service are:

Mr/Mrs/Ms (other) _____ First Name _____ Last Name _____

Address _____

_____ State _____ Postcode _____

Telephone: _____ Mobile: _____

Date of Birth: _____ E-mail address _____

Section 3 I want to complain about:

Doctor / Staff Member Name: _____

Date of consultation: _____

Did you speak to anyone else at the Practice regarding this matter before now? **Yes** **No** (please circle)

If yes, Who: _____ Date: _____

