



**SEVEN HILLS
FAMILY DOCTORS**

your health at heart

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Complaint Form

The following details are recorded for complaints and placed in the complaints file

Staff member taking complaint	
Name:	Signature:

How was the complaint made? (e.g. in person, phone, letter, email)		
Description:		
Date:	Time:	Location in practice:

Details of Complainant:
Complainant Name:
Phone:
Email:
Address:

Description of Complaint (from patient point of view)		
<input type="checkbox"/> Privacy	<input type="checkbox"/> Other	Date:
Description:		



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What action was taken?	
Description:	
Incident form completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice Manager notification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and Time: _____	
Complaint acknowledgement letter sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	

Situation Resolution	
Situation resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	
If no, referred to:	<input type="checkbox"/> National Privacy Commissioner
	<input type="checkbox"/> Health Services Commissioner
Referred for discussion at next practice meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No