

FEEDBACK/COMPLAINT FORM

Details of receipt of feedback/complaint

Date of complaint: _____ Time: _____

Complaint Received by: _____

Method by which complaint made: Phone In Person Letter Email

Details of the person making the feedback/complaint

Name: _____

Address: _____

Phone: _____ Mobile: _____

Details of feedback/complaint

Description of event/complaint

Was an incident form completed? Yes No Date: _____ Time: _____

Practice Manager notified: Date: _____ Time: _____

Complaint acknowledgement letter sent: Date: _____ Time: _____

Outcome

What action was taken?

Was placed in agenda for the next Practice meeting: Yes No

Was this matter satisfactorily resolved? Yes No

Was letter of outcome sent to person making complaint Yes No
