



# PATIENT COMPLAINT FORM

We are sorry to hear that your experience did not meet your expectations. Please use this form to let us know about your concern so we can investigate and respond appropriately. All information will be handled confidentially.

## 1. Your Details

(You may remain anonymous, but we may not be able to follow up without contact information.)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method:  Phone  Email

## 2. Details of the Incident

Date of incident: \_\_\_\_\_

Time (if known): \_\_\_\_\_

Location (if relevant) (e.g., reception, consultation room): \_\_\_\_\_

Name(s) of staff member(s) involved (if known): \_\_\_\_\_

## 3. Description of Complaint

Please describe what happened and include as much detail as possible:

---



---



---



---



---



---



---



## PATIENT COMPLAINT FORM

### 4. Action Taken (if any)

Have you discussed this issue with anyone at the practice?  Yes  No

If yes, please provide details:

---

---

---

### 6. Desired Outcome

What would you like to happen as a result of this complaint?

---

---


### 7. Declaration

I confirm that the information I have provided is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for letting us know about your concern. We take all complaints seriously and will respond within 5 business days.

If you need help completing this form, please speak to our reception staff or contact:

 (02) 9904 4940

 [info@intelligentageing.com.au](mailto:info@intelligentageing.com.au)