# Complaint Form

The following information MUST be provided to investigate your complaint.

| COMPLAINANT INFORMATION | | |
|---|---|---|
| **Name** | **Address** | **Contact Details** |
| | | |

**WHAT IS REASON FOR YOUR COMPLAINT? TICK APPROPRIATE**

| | | | |
|---|---|---|---|
| – Quality of Care | – Abuse | – Patient abandonment/neglect | – Other, please explain…. |
| – Misdiagnosis | – Sexual contact | – Impaired provider | |
| – Customer Service | – Misfiled prescription | – Failure to release patient records | |
| – Work Cover | – Inappropriate prescribing | – False advertising | |
| – Billing | – Excessive test/treatment | | |

**DETAILS OF THE COMPLAINT**

| **Provide a complete description of the complaint. Include facts, details, dates, locations, who, whom, when & where** |
|---|
| |

Name: _____

Signature: _____

Date: _____

Thank you for your feedback. It is our policy to respond to your complaint/feedback within 7 business days.