



Shop 125-126 Centro Toombul
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COMPLAINTS FORM

Name (person lodging complaint):	Patient/Visitor/Staff (Please circle)
Address:	
Home Phone:	
Mobile Phone:	

Date of Feedback/Complaint:
Date Incident Occured:
Complaint/Feedback Reported to:
Description of Feedback/Complaint:

OFFICE USE ONLY

Action Taken:	
What can be done to prevent a re-occurrence?	
Was the person responsible advised? [] YES [] NO	
Advised By:	Date:
Was the complainant advised of action taken? [] YES [] NO	
Advised By:	Date:
Has the Business Development Manager been notified? [] YES [] NO	
Is any further action required? [] YES [] NO If yes please detail	
Name:	Sign:
Position:	Date: