

Springs Medical is committed to ongoing improvement and welcomes feedback on the services we provide. We are committed to preserving your privacy and all complaints are treated confidentially. We take complaints seriously and aim to respond to the complainant within 14 -21 days.

Contact Details

Title	Preferred Name	First Name	Surname
		Date of Birth	

Details of complaint

Date of Complaint

Type of complaint
(From complainant's point of view)

- Privacy
- Health Issue
- Other Issue _____

Description of complaint

Please attach a separate page if allocated space is insufficient

List of people involved

If applicable

Signature

Date

Please return completed form to the Practice Coordinator at 10 Hospital Street, Daylesford.