SPRINGS MEDICAL CENTRE

COMPLAINANT FORM

Springs Medical Centre 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.

Details of complainant

NAME _____DOB_____

ADDRESS _____

_____

TELEPHONE Home _____ Mobile _____

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)*

If applicable, list the person/s involved:

Signed: _____ Dated: _____

Please return to Springs Medical Centre – address details below

□ 10 Hospital Street
(PO Box 464)
Daylesford Vic 3460
Ph: 5348 2912
Fax: 5348 3909

□ 22 Victoria Street
(PO Box 260)
Trentham Vic 3458
Ph: 5424 1602
Fax:5424 1851