

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

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Title	Preferred Name	First Name	Surname
	-	Date of Birth	_
Details c	f complaint		
		Date of Complaint	
Type of complaint		Privac	-
(From complainant's point of view)		Health	
		🗖 Other	Issue
	on of complaint och a separate page if allocated	l space is insufficient	
List of pe	eople involved		
п аррпсар	e		
		<u> </u>	
		Signature	
		Date	
Plea	se return completed form to	the Practice Coordinator at 10 Hos	pital Street, Daylesford.
	pital Street	 22 Victoria Street Trentham 3458 	 89 Piper Street
	f ord 3460 48 2227	t: 03 5424 1602	Kyneton 3444 t: 03 5422 1298
f:03 53	48 1447	f: 03 5424 1851	f: 03 5422 1307
admin(စ္တspringsmedical.com.au	www.springsmedical.com.a	u abn: 7491 7927 26