

Patient Complaint Form

I wish to lodge a complaint with Euroa Medical Family Practice.

My details are:

Mr/Mrs/Ms (other) _____ First Name _____ Last Name _____

Address _____

Postcode _____ State _____

Telephone _____

Mobile _____

Email address _____

Date of birth ____/____/____

The best way to contact me is _____

If lodging this complaint on behalf of:

Myself (go to page 2)

Another person who received the services are:

Mr/Mrs/Ms (other) _____ First Name _____ Last Name _____

Address _____

Postcode _____ State _____

Telephone _____

Mobile _____

Email address _____

Date of birth ____/____/____

Is the person aware that you are making the complaint? Yes / No

My relationship with the person is _____



Provider name _____

Address _____

Postcode _____ State _____

Telephone

Type of health service provider (eg. Nurse, doctor) _____

Use the space below to provide a short outline of your complaint. Please include what happened, when it happened, who was involved and attach any relevant documents you have to the back of this form.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



The main issues I am concerned about are:

In future I would like the following changes to be made:

Please send the information to:

Practice Manager

Bridget Yole

0402310179

Alternatively if you would like to take your complaint further you can contact the Healthcare Commission in your State.

Victorian Health Services Commissioner
Level 30, 570 Bourke St, Melbourne 3000
Phone: 1800 136 066