

## 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 \_\_\_\_\_



# VEC VICTORIAN ECHOCARDIOGRAPHY

I would like to complain about:

Provider name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

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

My complaint is:

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.



The main issues I am concerned about are:

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

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Please send the information to:

Practice Manager  
Brigit 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