Dear patient,

We are passionate about providing exceptional quality care and service to our patients. If you feel this has not happened, or we could improve our service at all, we encourage you to complete this complaint form and return it to our Practice Manager at hello@mumsandbabies.com.au

# Complainant information

|  |  |  |
| --- | --- | --- |
| Name | Address | Contact Details |
|  |  |  |

# what is reason for your complaint? Tick appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| * Quality of Care * Misdiagnosis * Customer Service * Work Cover * Billing | * Abuse * Sexual contact * Prescription/medication problem * Test/treatment problem | * Patient abandonment/neglect * Impaired provider * Failure to release patient records * False advertising | * Other, please detail. |

# Details of the complaint

|  |
| --- |
| Provide a complete description of the complaint. Include facts, details, dates, locations, who, whom, when & where |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required to file complaint)

Thank you for your feedback. It is our policy to respond to your complaint/feedback within 7 business days.