

Patient Complaint form:

I wish to lodge a complaint with the Swansea Medical Centre

My details are:

Full Name: _____
Address: _____
Phone: _____ email: _____
Best way to contact me is: (Circle your preference) Phone email

If lodging this complaint on behalf of:

Myself (leave this section blank/ go to next question)

Or another person who received the services is:

Full name: _____
Address: _____
Phone: _____ email: _____
Date of birth: _____ Relationship to patient: _____

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

My complaint is regarding the following person:

Staff member name: _____

Doctor and /or clinician name: _____

Time and date of complaint: _____

Nature and details of the complaint:

Please use the space below to outline the details of the complaint you are making.
Please include what happened and who was involved.
Please attached any further information if not enough room on this form.

The main issue of concern is:

In my opinion the following suggestions could be helpful:

Please forward your information to:

Practice Manager

Jade

admin@swanseamedical.com.au

or

Swansea Medical Centre
3 Josephson Street
Swansea NSW 2281

Alternatively if you would like to take this complaint further please address your concerns with the Health care complaints commission:

NSW Healthcare complaints Commission
Level 12, 323 Castlereagh Street
Sydney NSW 2000
Phone: 1800 043 159