

HAMILTON MEDICAL CENTRE

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Patient Complaint Form

If you have a complaint regarding this practice or any member of staff within it, please fill in this form with as much detail as possible. Once received, the Practice Manager will be in contact to discuss your complaint and how we can improve our service.

Name:	
DOB:	
Contact Number:	
Date of Incident:	
Staff Members Involved:	
Complaint: (Please provide as much detail as possible)	

STAFF USE ONLY

Date Received:	
Received By:	
Date Practice Manager Contacted Patient:	
Resolution:	

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

NSW Healthcare Complaints Commission
Level 12, 323 Castlereagh Street (corner of Hay St)
SYDNEY NSW 2000
Phone: 1800 043 159