Consumer Feedback and Complaints Form

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| Practice name: | ML Obgyn Specialist Clinic | | | |
| Practice ID number: | DI7220 | | | |
| Reference documents: | DoHA Practice Accreditation Standards 2nd edition: 1.1(i) & 4.3 (2)  Other: Consumer Feedback and Complaints Policy. | | | |
| Please tick the nature of contact: | | 🞏 Compliment | 🞏 Feedback | 🞏 Complaint |
| Contact Details | | | | |
| Name: | |  | | |
| Address: | |  | | |
| Phone Number: | |  | | |
| Email: | |  | | |
| Compliment / feedback / complaint reported to: | |  | | |
| Date: | |  | | |
| Summary: | |  | | |
| If applicable, what outcome are you seeking? | |  | | |
| Would you like to be contacted regarding your comments? | |  | | |