

Hills Medical Service - Complaint Form



Office Use Only:

COMPLAINANT INFORMATION

DARE RECEIVED

RECEIVED BY

REFERED TO

ACTION TAKEN BY THE PRACTICE

PRIORITY

- High
- Medium
- Low

STATUS

- Closed

- Ongoing

- Further Action Required

NOTES/ACTIONS

Has this issue been discussed with Principles/Management? If so who and when.

Has the resolution been discussed with the complainant? If so date and time.

Signature/Name: _____ Date: _____

(Required to file complaint)