

Patient Complaint Form

All patient and family concerns are strictly **confidential**. This report and any attached documents are part of the practice's Quality Improvement Program and are therefore protected confidential documents under the law.

If you would like a copy of our practice's complaint policy, please phone 6334 5500. Thank you.

Patient Name: _____

D.O.B: ____/____/____

Contact Phone Number: _____

Please describe the concern in your own words. Use this form's back if needed. Attach any letters or other documents that detail the issues.

Signed: _____

Date: _____

Print Name: _____

Please forward this completed form to:

Dr Henley's Clinic

Attention: Rebecca Spencer – CONFIDENTIAL

7/7 High Street

Launceston TAS 7250
