



# Queen Street Medical Centre

## CONFIDENTIAL Complaint Form

Please forward to: Practice Manager  
Queen Street Medical Centre  
PO Box 162, Moruya NSW 2537

➤ **Patient Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ **Details of Person Making the Complaint** *(If you are not patient)*

Name: \_\_\_\_\_

I am making this complaint on behalf of: (name of patient) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

➤ **Patient Consent** – please sign below if someone is making the complaint on your behalf.

*I (the Patient) authorise this complaint which is made on my behalf. I agree the Practice may disclose to the person named above (signature below), confidential information (only in so far as is necessary and relevant to respond to the complaint) about me.*

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making Complaint

\_\_\_\_\_  
Date



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DETAILS OF THE COMPLAINT (use additional pages as required).

**CONFIDENTIAL**

- Please try and be as specific as possible.
- Please include the date on which the incident occurred and names of the person/s responsible (if known)