North Coast Medical Centre
BYRON IN HEALTH

# Feedback Form

**The following details are recorded for complaints and placed in the complaints file.**

| **Staff member taking feedback** | |
|---|---|
| **Name** (printed): | **Signature:** |

| **How was the grievance made?** (e.g. phone, in person, letter) | | |
|---|---|---|
| | | |
| **Date:** | **Time:** | **Location in practice:** |

| **Details of issue** | |
|---|---|
| **Complainant name:** | **File ID:** |
| **Address:** | **Phone:** |

| **Description of grievance** (from complainant's point of view) | | |
|---|---|---|
| ☐ Privacy | ☐ Other Health Issue | Date: |
| **Description:** | | |

| **What action was taken?** | | |
|---|---|---|
| **Description:** | | |
| **Incident form completed?** | ☐ Yes | ☐ No |

| | | |
|---|---|---|
| **Practice Manager notification:** | Date: | Time: |
| Date complaint acknowledgement letter sent: | Date:<br>☐ Yes | ☐ No |
| **Situation Resolution** | | |
| Situation resolved? | Date:<br>☐ Yes | ☐ No |
| If no, referred further action to: | ☐ National Privacy Commissioner | ☐ Health Services Commissioner |
| Referred for discussion at Practice Mtg? | ☐ Yes | ☐ No |