

PATIENT COMPLAINT RECORD

		Date	Initial
		Complaint resolved	
Patient name			
Address			
Contact telephone number/s			
Email address			
Complaint received by (name)			On (date)
Means of complaint (circle)	In person	Telephone	email Letter
Transferred to Practice Manager on day of complaint		Manager handling complaint	
Method of transfer	In person	Telephone	email Letter
Date	Details of complaint		
	Acknowledgement of complaint (within two working days)		
	In person	Telephone	email Letter

	Action taken (within 20 working days)		
	Follow-up		
	Outcome		
	Rectified:	Yes	No
	Conclusion/ change in practice		

PLEASE ATTACH ANY LETTERS