Patient Complaints Record

Patient name: …………………………………………………………………………………………

Address: …………………………………………………………………………………………….

…………………………………………………..…………………………………………………..

Contact telephone number/s: ………………………….….…………………………………………

Complaint received by ……………… on ………… by letter/email/telephone/in person

Person handling complaint:

|  |
| --- |
| Details of complaint |
| Action taken |
| Follow-up |
| Outcome |

Letters attached:

1.

2.

3.