**FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION**

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| **Ref no** | **(office use)** |

|  |  |
| --- | --- |
| **Date completed** |  |

**Do you want to**: Complain Give a compliment Make a suggestion

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| --- | --- | --- |
| **Details of the person lodging a complaint or recording a compliment or suggestion** | | |
| Surname | |  |
| First Name | |  |
| Contact details | Cell number |  |
| Postal address |  |
| Physical address |  |
| E-mail address |  |
| If you were admitted, the ward number | |  |
| Hospital or clinic file number | |  |
| **If you are lodging a complaint on behalf of someone else, please complete the following:** | | |
| Relation to the patient, e.g. mother, etc. | |  |
| Patient’s Surname | |  |
| Patient’s First Name | |  |
| Contact details of the patient | Cell number |  |
| Postal address |  |
| Physical address |  |
| E-mail address |  |
| If patient was admitted, the ward number | |  |
| Patient’s hospital or clinic file number | |  |

**Please describe the complaint or give a compliment or make a suggestion.**

\* Where possible also record the staff involved and department where the incident took place.

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| **Date on which the incident took place:** |  |
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Signature of person lodging a complaint Signature of patient

or recording a compliment or suggestion