

# Tahunanui Medical Centre - Complaint Form

*Tahunanui Medical Centre takes complaints seriously and every complaint is seen as an opportunity to look at how we do things and improve our services. Our aim is to achieve a mutually satisfactory conclusion and, where appropriate, take action to ensure the situation does not arise again.*

Date \_\_\_\_\_

## Details of the Person Making the Complaint

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

## What happened?

1. What happened? Describe the event that you want us to know about, please give all the details that you can remember

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2. When and where did it happen? Please state the date, time and location of the incident

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3. Did anyone witness what happened? Please give names and contact details if possible

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4. Is there anything else that you want to tell us?

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5. What do you want to happen as a result of this complaint?

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**If you are complaining on behalf of someone else?**

Please give the details of the person the complaint is regarding:

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

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

\_\_\_\_\_

\_\_\_\_\_

Please state your relationship to this person: \_\_\_\_\_

Is this person aware that you are complaining on his/her behalf? YES  NO

**Is someone representing you?** (e.g. solicitor or advocate) YES  NO

If yes please give us the details of your representative

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

Organisation: \_\_\_\_\_

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

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_