



Patient Complaint Form

I wish to lodge a complaint with Holland Park Family Medical Practice.

My details are:

Mr/Mrs/Ms/Dr First Name _____ Last Name _____

Address: _____

Postcode _____ State _____

Telephone _____ Mobile _____

Email address: _____

Date of birth ____/____/____

The best way to contact me is: _____

If lodging this complaint on behalf of:

Myself (go to page 2)

Another person who received the services are:

Mr/Mrs/Ms/Dr First Name _____ Last Name _____

Address: _____

Postcode _____ State _____

Telephone _____ Mobile _____

Email address : _____

Date of birth ____/____/____

Is the person aware that you are making the complaint? Yes / No

My relationship with the person is _____

The main issues I am concerned about are:

In future I would like the following changes to be made:

Please send the information to:

**Practice Manager
Holland Park Family Medical Practice
100 Logan Road
Holland Park West QLD 4121**

or email to: practicemanager@hpfmp.com.au