HOLLAND PARK
FAMILY MEDICAL PRACTICE

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: 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: _____

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I would like to complain about:

Provider Name (if known): _____

Type of health service provider (e.g. Nurse, Doctor, Receptionist): _____

My complaint is:

Use the space below to provide a short outline of the complaint. Please include what happened, when it happened, who was involved and attach any relevant documents you have to the back of this form.

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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
1000 Logan Road
Holland Park West QLD 4121

Or email to: practicemanager@hpfmp.com.au