



COMPLAINT FORM

Please fax to 03 9457 1400 or mail to Northern Ultrasound for Women, Suite 8 Level 2, 8 Martin St, Heidelberg 3084 or email to nuwomen.manager@gmail.com

DETAILS (person lodging the complaint)				
Surname:		Given Name:		
Address :				
				Post Code:
Date of Birth : / /		Phone No:		
COMPLAINT DETAILS				
Date of Complaint	/ /			
<i>Date Incident Occurred</i>	/ /			
<i>Doctor / Staff Involved</i>				
Nature of Complaint (please tick)	<i>Quality of Care</i> <input type="checkbox"/>	<i>Customer Service</i> <input type="checkbox"/>	<i>Billing</i> <input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>
Description of the Complaint (add more pages as required)				
Action Taken (add more pages as required)				
Complainant advised of action taken			Advised By	Date
				/ /
Signed by (position)				