

# Complaints Form

Heavenly Hands Medical Solutions



Fill in the details of the person who is making the complaint/providing feedback.	
Name of Person	
Address	
Phone	
Email	
Preferred contact method	
Yes/No	<p><b>I am making this complaint anonymously</b></p> <p>1. Please note that if you are making your complaint anonymously we may be unable to respond to your complaint and inform you about our actions.</p> <p>2. Leave the personal information sections in blank if complaint anonymously</p>
If you are making the complaint/feedback on behalf of another person provide the following details.	
Your Name	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	
Preferred contact method	
Who is the person, or the service about whom you are complaining or providing feedback about?	
Name	
Contact Details (if known)	
<p>What is your Complaint/Feedback about?</p> <p>Provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.</p>	

Supporting Information: Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).
<b>What outcomes are you seeking as a result of the complaint/feedback?</b>

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OFFICE USE ONLY	
Complaint Received By	
Date Received	
Action Taken or Required	
Date Action Completed	
Signature	