



FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION

Date completed	
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Ref no	<small>(office use)</small>
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Do you want to: Complaint? Give a compliment Make a suggestion

Details of the person lodging a complaint or recording a compliment or suggestion

Surname		
First name		
Contact details	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g. ward no, reception, pharmacy)		
Hospital file number		

If you are submitting on behalf of someone else, please complete the following:

Relation to the patient, e.g. mother, etc.		
Patient's surname		
Patient's first name		
Contact details of the patient	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g. ward no, reception, pharmacy)		
Patient's hospital file number		

Please describe the complaint or give a compliment or make a suggestion.
 * Where possible also record the staff involved and department where the incident took place.

Date on which the incident took place:

Signature of person lodging the complaint	Signature of patient or recording a compliment or suggestion