

CUSTOMER FEEDBACK AND COMPLAINTS FORM

Practice Name:	Gippsland Cardiology Service		
Practice ID Number:	LSPN 10396		
Reference Documents:	DoH Practice Accreditation Standards 3 rd edition: 1.1.1 & 4.3.2 Other: Consumer Feedback and Complaints Policy.		
Please tick the nature of the contact:	Compliment	Feedback	Complaint
Contact Details			
Name:			
Address:			
Phone Number:			
Email:			
Compliment / Feedback / complaint reported to:			
Date:			
Summary (Including date of event if applicable):			
If applicable, what outcome are you seeking?			
Would you like to be contacted regarding your comments?			