



Raworth Medical
Suite 7/1 Laurel Lane | SINGLETON | NSW 2330
Ph 02 6571 1722 | Fax 02 6571 1630
ABN 77 596 324 925

PATIENT COMPLAINT & FEEDBACK FORM

Thank you for taking the time to provide your feedback. Raworth Medical is committed to providing safe, high-quality healthcare. Your comments, compliments and complaints help us improve our services.

I wish to lodge a complaint with Raworth Medical.

Section 1: My details are:

Title: Mr / Mrs / Ms / Miss / Dr / Other _____

First Name: _____ **Last Name:** _____

Address: _____ **Postcode:** _____

Home Phone: _____

Mobile: _____

Email: _____

Date of Birth: ____ / ____ / ____

Preferred method of contact: ☐ Home Phone ☐ Mobile ☐ Email ☐ Letter

I am lodging this complaint on behalf of: ☐ Myself (go to page 2) ☐ Another person (complete Section 2)

Section 2: Details of the patient who received the service are:

Title: Mr / Mrs / Ms / Miss / Dr / Other _____

First Name: _____ **Last Name:** _____

Address: _____ **Postcode:** _____

Home Phone: _____

Mobile: _____

Email: _____

Date of Birth: ____ / ____ / ____

Relationship to the patient: _____

Is the patient aware you are making this complaint? ☐ Yes ☐ No



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Section 3 Details of the complaint:

Date the incident occurred: _____

Doctor, Nurse or Admin Member involved: _____

Please describe your concerns. Include as much detail as possible, including what happened, where it occurred and who was involved.

(Attach additional pages if required.)

What outcome are you seeking?

Please tell us how you would like this matter resolved.

Supporting Information

Have you previously discussed this matter with anyone at the practice? ☐ Yes ☐ No

If yes, who?

When?



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Have you attached any supporting documents? ☐ Yes ☐ No

If yes, please list them:

Privacy & Consent

I understand that Elmore Vale Medical Centre will investigate my complaint and may need to discuss the matter with staff involved in my care. I consent to the use of my personal information for the purpose of investigating and responding to this complaint.

I understand that my healthcare will not be affected because I have raised a complaint.

Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: ____ / ____ / ____

Please send the information to:

Practice Manager
Edith Song
reception@raworthdoc.com.au
Suite 7/1 Laurel Lane,
Singleton NSW 2330
Ph: 0265711722

If you are not satisfied with the outcome of your complaint, you may contact the NSW Health Care Complaints Commission (HCCC) for independent advice or to lodge a complaint.

NSW Healthcare Complaints Commission
Level 12, 323 Castlereagh Street (corner of Hay St)
SYDNEY NSW 2000
Phone: 1800 043 159



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Office Use Only

Date Received: _____

Received By: _____

Complaint Reference Number: _____

Action Taken:

Outcome:

Date Closed: _____

Reviewed By: _____