



Consumer Complaint Registration Form

Instructions on Use

This form is used to collect information on Consumer Complaints. Staff should use this form when registering a complaint on behalf of a patient. When completed, please forward this form and any attachments to the Complaints Liaison Officer.

Complainant Name: _____

Contact Telephone Number: _____

Address: _____

Relationship to consumer: _____

Consumer Name: _____

Date of Birth: _____ UR: _____

Reason for Complaint: _____

Date Complaint received: _____

Staff member receiving complaint: _____

Method of complaint (i.e. letter, telephone, person): _____

Please attach any supporting documentation.

Please forward to Jan Phillips, Complaints Liaison Officer, for investigation as soon as possible.

Date: _____

Signature: _____

Entered on HCIP Data Base _____

Form Title:	Consumer Complaints Registration Form
Form Code:	CLO 001
Approval Date:	Feb 2008
Responsibility for Review:	Complaints Liaison Officer
Additional copies of this form are available from:	