

Customer Feedback and Complaints Form



Document Management

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| Practice name: | Canberra Heart Clinic |
| Practice ID number: | #6017 |
| Reference documents: | DoHA Practice Accreditation Standards 2 nd edition: 1.1(i) & 4.3 (2) Other: Consumer Feedback and Complaints Policy. |

Please tick the nature of contact: Compliment Feedback Complaint

Contact Details

| | |
|---|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Email: | |
| Compliment / feedback / complaint reported to: | |
| Date: | |
| Summary: | |
| If applicable, what outcome are you seeking? | |
| Would you like to be contacted regarding your comments? | |

