GEORGE surgical centre
Private Day Hospital

Date	

FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION

Do you want to: Complain ☐ 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	
Hospital or clinic file number		

If you are lodging a complaint 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 detailsof the patient	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Patient's hospital or clinic 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 a complaint or recording a compliment or suggestion·

Signature of patient