

Patient Complaint Form

Please note the following details are recorded.

Privacy and Confidentiality: In managing your complaint, Northside Clinic complies with the Health Privacy Principles in the Health Records Act (2001) and the Information Privacy Principles in the Privacy and Data Protection Act 2014 (VIC).

Your Details (complainant)

Name:
(Printed)

Signature:

DOB:

Date:

Address:

If you are complaining on behalf of someone else:

Privacy and confidentiality: In managing your complaint, Northside Clinic complies with the Health Privacy Principles in the Health Records Act (2001) and the Information Privacy Principles in the Privacy and Data Protection Act 2014 (VIC).

This means: Please keep in mind Northside may not be able to disclose information to third parties regarding this complaint.

Some examples in which we can are as follows:

- If the person is child under the age of thirteen and you are their next of kin.
- If the person has passed
- If you have power of attorney
(If this is this case please attach the relevant documentation.)

Name:

Contact number:

Relationship to the complainant:

Description of complaint (from complainant's point of view)

Privacy

Other Health Issue

Date of action occurred:

Description:

**Describe how you feel your complaint could be resolved?
(Acknowledgement/ Explanation / Other)**

Description: