

Customer Concerns Form

The following details are recorded and placed in the Customer Concerns file once resolved.

Date:	Location: (within the practice)
Name:	
Address:	
Phone no:	Email:

Description of Concerns *(from customer's point of view):*

What action was taken?

Was the situation resolved? Yes No

If no, referred for further action to:

National Privacy Commissioner Health Services Commissioner Practice Manager

Name of staff member:	Signature:	Date:
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