**1. Initial receipt of complaint**

Date of receipt ....... /....... /.......

Practice location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of clinician or staff member receiving complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was it received?

* Email
* Phone call
* Mail / Fax
* In person

**2. Details of complaint**

Name of complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the person a:

* Consumer of the service
* Relative or friend of a consumer
* Other

Complainant’s age: \_\_\_\_\_\_ years

Gender:

* MALE
* FEMALE

Interpreter required?:

* NO
* YES. Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the events and the problem (what happened, when and who was involved): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Issue type:

* Attitude or rudeness
* Waiting time,
* Access to doctor of choice
* Inadequate information about health care
* Inadequate or incorrect diagnosis or treatment
* Medication error
* Billing and charges
* Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcomes sought by complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **3. Risk assessment rating**

* 1 - low (consult with staff)
* 2 - medium (consult with senior staff)
* 3 - high (Consult with CEO)
* 4 – extreme (Consultation with registration board, Department of Heath)

Action taken as a result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4. Investigation**

Person responsible for investigation or review**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviews with clinicians and other staff directly involved (record names, dates, reason for interview): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Discussion with complainant (record dates and names):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policies or procedures affected:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Complaint resolution**

Describe outcome agreed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action to be taken:

* Explanation
* Apology Fee reduction or waiver
* Review of policy or procedure
* Other
* None

Recommendations for change to policy or procedure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant informed:

* By letter
* By phone call

Date: ....... /....... /.......

 **6. Corrective action**

Corrective action adopted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective action monitored:

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Preventive Action adopted:

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**Complaint closed** ....... /....... /.......

**Acknowledgment Letter**

 [Your organisation’s letterhead]

To: [Name] Address: [Line One] [Line Two]

Insert date:

Dear [Insert name] I have received a copy of your complaint about [insert summary description of complaint] [Insert apology or expression of regret. For example, ‘We are sorry that you experienced a delay in the oncology unit the other day’].

We are committed to a high standard of care and we will be looking into your complaint over the next few weeks.

I understand your complaint is about [insert details of the complaint].

We plan to review what has happened to you, why it happened and what we can do to prevent it happening again.

As part of our inquiries, we will consider what you have told us and provide a copy of your complaint to the [doctors/nurses] who were caring for you.

We will also interview the doctors and nurses who were caring for you, and examine your medical records and other internal documents and policies. [As the incident has been rated as serious, we will also be notifying insurers/the Department of Health/other]. Our inquiries should be completed within [xx] days/weeks.

If you are not satisfied with the way we handle your complaint, you can contact the [insert where appropriate—health care complaints commissioner and telephone number] at any stage. If you have any concerns or would like to discuss any of these matters, please contact me on [insert details].

Yours sincerely, [Name and contact details]

**Letter confirming a complaint has been resolved**

[Your organisation’s letterhead]

To: [Name] Address: [Line One] [Line Two]

Insert date:

Dear [Insert name]

Thank you for discussing your concerns about [insert details about the complaint] on [insert date of telephone discussion or face-to-face meeting].

I wish to confirm that we have agreed to [insert details about agreed facts, any actions taken or promised to be taken].

I understand that you do not want us to take any further action on this matter.

Please let me know if there is anything else you would like to discuss with me.

Thank you for taking the time to assist us.

Yours sincerely, [Name and contact details]