**Complaint Notification**

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| --- | --- |
| **Your details** | *Include name, date of birth and contact number/email address***[Insert]** |
| **The Provider’s details** | *Include the name of the clinic and if required, the name of the practitioner involved***[Insert]** |
| **Issues** | *Explain the problem you have: What happened? When did it happen? Why do you consider this a problem? What impact has this had?* **[Insert]** |
| **Desired outcome** | *What will it take to resolve this matter? For example:** *an explanation*
* *an apology*
* *refund your money (or provide a credit note)*
* *access to services*
* *access to or correction of records*
* *change in policy or practice.*

**[Insert]** |

**Please see attached** copies of supporting documents including: [Delete as appropriate]

* *photos of problems with the service*
* *prior correspondence*
* *receipts or invoices*
* *warranties or guarantees or contracts*
* *medical records.*

Please respond to the complaint within 30 working days of receiving it. Where this cannot be achieved, please let me know the reason for this and the expected timeframe expected.