



Booragoon Dental Clinic

Patient Complaint Form

1. Patient details

Title (Mr, Mrs, etc)	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			

2. Details of patient complaint (Please include details of your complaint, including date & time of occurrence & persons involved)

Office use only

Complaint received by	Date received	In person
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		In writing
		<input type="checkbox"/>
Action taken or required		
<input type="text"/>		
Date action complete	Signature	
<input type="text"/>	<input type="text"/>	

