



ROTORUA MEDICAL GROUP LIMITED
Central Health | Fairy Springs Medical Centre
Complaint Form

Part A: Patient's Details

Name:

Address:

Telephone No: (H)

(W):

If you are complaining on behalf of someone else:

Your name:

Your relationship to the patient:

Is the patient aware that you are complaining on his/her behalf?

If someone is representing you (e.g. solicitor, advocate):

Name of your representative:

Organisation:

Postal address:

Telephone No:

Part B: What happened?

Describe the event that you want us to know about on the next page.

Please give us all the dates and other details that you can remember.

1. What happened?

2. Where did it happen?

Date?

Time?

3. Did anyone witness what happened?

4. What is your complaint about? (e.g. your complaint could be about a person/process/service)

5. Is there anything else that you want to tell us?

6. What do you want to happen as a result of this complaint?



Part C: Further information

Have you tried to resolve your complaint in any other way? (for example, by obtaining a second medical opinion). If so, please give details.

Signed:.....

Rotorua Medical Group- Complaints officer
PO Box 1424,
Rotorua 3040