135 Deakin Avenue
Mildura Vic 3500
(P.O. Box 10150, Mildura Vic 3502)
Phone: 03 5022 1488
Fax: 03 5023 6838
www.deakinmedical.com.au

Patient Complaint Form

All patient and family concerns are strictly confidential. This report and any attached documents are part of the practice's Quality Improvement Program. If you would like a copy of our practice complaint policy please phone 03 5022 1488.

Patient Name: _____ D.O.B: _____/_____/_____

Contact Phone Number/Email Address: _____

Please describe the concern in your own words using the back of this form if needed.
Attach any letters or other documents that detail the issues.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____Date: _____

Name: _____

Please forward the completed form to:
Practice Manager
Deakin Medical Centre
P.O. Box 10150, Mildura 3502
carolyn@deakinmedical.com.au

Document title: Patient Complaint Form
Reviewed by: Carolyn Whitehouse
Version 1.0, Effective Date: 09.10.24
Next Review Date: October 2027