

Client complaint form

We are sorry you have got to the point where you wish to lay a complaint, we will do our best to get a good result for you. We will be in touch as soon as we have received your complaint.

Please fill in this form and return it to:

The Complaints Officer

Hobsonville Podiatry

PO Box 31765

Hobsonville

Email: justin@hobsonvillepodiatry.co.nz

Name of complainant:	
Address:	
Best contact number:	
Email:	

Member of staff:
Summary of complaint:

* please include dates, any referenced codes which are alleged to have been breached with any other relevant information. Use additional sheets if necessary.

Clinic complaint form

Date received:	Reference no:
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Nature of complaint:

Staff involved:

Action taken:

Complaint resolved by:

Signed off: