



euroa medical

Patient Complaint Form

I wish to lodge a complaint with Euroa Medical Family Practice.

My details are:

Mr/Mrs/Ms (other) _____ First Name _____ Last Name _____

Address _____

Postcode _____ State _____

Telephone _____

Mobile _____

Email address _____

Date of birth ____/____/____

The best way to contact me is _____

If lodging this complaint on behalf of:

Myself (go to page 2)

Another person who received the services are:

Mr/Mrs/Ms (other) _____ First Name _____ Last Name _____

Address _____

Postcode _____ State _____

Telephone _____

Mobile _____

Email address _____

Date of birth ____/____/____

Is the person aware that you are making the complaint? Yes / No

My relationship with the person is _____

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I would like to complain about:

Provider name _____

Address _____

Postcode _____ State _____

Telephone _____

Type of health service provider (eg. Nurse, doctor) _____

My complaint is:

Use the space below to provide a short outline of your complaint. Please include what happened, when it happened, who was involved and attach any relevant documents you have to the back of this form.



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The main issues I am concerned about are:

In future I would like the following changes to be made:

Please send the information to:

Complaints Officer

business.manager@emfp.com.au
90 Binney St
Euroa VIC 3666

Alternatively if you would like to take your complaint further you can contact the Healthcare Commission in your State.

Victorian Health Services Commissioner
Level 30, 570 Bourke St, Melbourne 3000
Phone: 1800 136 066

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