

Patient Complaint Form

I would like to lodge a complaint with Noosa Radiology. My details are:

Mr/Mrs/Ms (other) _____

First Name _____ Last Name _____

Address _____

Postcode _____ State _____

Telephone: _____ Mobile: _____

E-mail address _____ Date of Birth ____/____/____

The best way to contact me is by _____

I am lodging this complaint on behalf of: Myself (go to page 2 of the form)

Another person (please complete the details below)

Details of the person who received the service are:

First Name _____ Last Name _____

Address _____

Postcode _____ State _____

Telephone: _____ Mobile: _____

E-mail address _____ Date of Birth ____/____/____

Is the person deceased? Yes (if yes go to the next page) No

Is that person aware you are making this complaint? Yes No

My relationship with the person is (for example sister, parent, carer) _____

