**Complaint Notification**

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| --- | --- |
| **Your details** | *Include name, date of birth and contact number/email address*  **[Insert]** |
| **The Provider’s details** | *Include the name of the clinic and if required, the name of the practitioner involved*  **[Insert]** |
| **Issues** | *Explain the problem you have: What happened? When did it happen? Why do you consider this a problem? What impact has this had?*  **[Insert]** |
| **Desired outcome** | *What will it take to resolve this matter? For example:*   * *an explanation* * *an apology* * *refund your money (or provide a credit note)* * *access to services* * *access to or correction of records* * *change in policy or practice.*   **[Insert]** |

**Please see attached** copies of supporting documents including: [Delete as appropriate]

* *photos of problems with the service*
* *prior correspondence*
* *receipts or invoices*
* *warranties or guarantees or contracts*
* *medical records.*

Please respond to the complaint within 30 working days of receiving it. Where this cannot be achieved, please let me know the reason for this and the expected timeframe expected.