

COMPLAINTS FORM

You are entitled to access Independent Advocacy Services for assistance with lodging this complaint. The contact phone number for Health and Disability Advocacy Services is **09 430 0166**

Your name _____

Address _____

Please tick one or more of the following areas relating to your complaint.

- | | | | |
|-----------------------|--------------------------|----------------|--------------------------|
| Facility e.g. heating | <input type="checkbox"/> | Reception | <input type="checkbox"/> |
| Day Surgery | <input type="checkbox"/> | Administration | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Please tick this box if you are happy to be contacted: Phone number _____

Please detail your complaint

Thank you for taking the time to complete this form – we are appreciative of your concerns and take these seriously.

Northland Orthopaedic Clinic