



# Patient Complaint Form

I want to lodge a complaint with Balance! Healthcare –

**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 \_\_\_\_\_

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:**

Mr/Mrs/Ms (other) \_\_\_\_\_ 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) \_\_\_\_\_





**The main issues I am concerned about are:**

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**As a result of my complaint I want:**

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**Please send the information to:**

Practice Manager

**Springwood:**

PO Box 675  
Springwood NSW 2777

**Blackheath:**

108 Wentworth Street  
Blackheath NSW 2785

**Edmonton:**

5 Walker Road  
Edmonton QLD 4869

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

**NSW**

The Commissioner  
Health Care Complaints Commission  
Locked Mail Bag 18  
STRAWBERRY HILLS NSW 2012  
Toll Free in NSW: 1800 043 159

**QLD**

Health Quality and Complaints Commission  
GPO Box 3089  
Brisbane QLD 4001  
Telephone (07) 3120 5999