SUNSHINE COAST
HAEMATOLOGY & ONCOLOGY CLINIC
– Montserrat Cancer Care –

Phone : (07) 5479 0000
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www.schoc.com

PATIENT COMPLAINT / COMPLIMENT FORM

Name : …….. ***Date :*** ……/……/……

Although providing us with your name is optional, it is helpful in providing feedback and gives us the opportunity to speak with you to let you know how your complaint has been dealt with.

Complaint / Compliment :

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Office Use ONLY *:*

MD / CEO / Manager : (Printed Name) …… (Signature) …… **Date :** …../…../…..

Further Action : .....

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→ *Overview Committee …./…../…..*

→ *Complaints Register : # ……..*