

# HILLSBORO CLINIC

Excellence in Primary Care



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## GRIEVANCE AND COMPLAINTS RECORD FORM

### PART A: RECORD OF COMPLAINT

Date of complaint: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Details of person raising complaint:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### Details of advocate (if applicable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### Details of staff or committee member taking complaint:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### Nature of the grievance/complaint:

Date(s) occurred: \_\_\_\_\_

Other parties involved: \_\_\_\_\_

Details: \_\_\_\_\_

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Details of actions to date to address the concern: \_\_\_\_\_

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Desired outcome of process: \_\_\_\_\_

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Signed: \_\_\_\_\_  
(person making complaint)

Signed: \_\_\_\_\_  
(person receiving complaint)

Date coordinator informed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

Date management committee informed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

**PART B: RECORD OF COMPLAINT RESOLUTION**

Actions to be taken:

Details of Task	Who is responsible?	By when?	Completed?

