



**PATIENT
SUGGESTION/COMPLAINT FORM**

Gosnells Medical Clinic is committed to giving the best possible service to its patients. If for any reason you are unhappy with the service you have received and would like to complain, or alternatively, make a suggestion on how our service could be improved, please fill in the details below:

Name (Optional): _____

Address (Optional): _____

Telephone number (Optional): _____

Date: _____

NATURE OF THE COMPLAINT/SUGGESTION FOR CHANGE:

HOW COULD WE HAVE AVOIDED THIS COMPLAINT? HOW WOULD YOU LIKE THE SERVICE IMPROVED?