



De dwa da dehs nye>s Aboriginal Health Centre

We're Taking Care of Each Other Amongst Ourselves.



APPENDIX A

Patient/Participant/ Community Complaints Form

Name of complainant:

Address:

Telephone :

Email address:

Date:

Describe in detail and accurately the exact nature of the complaint:

Describe the actions that the complainant feels can be taken:

To effectively deal with the complaint

To avoid a repeat of the complaint

Describe actions taken by DAHC: (use action plan form if necessary)

The complainant was contacted with results of the investigation Yes No

Completed by:

Name:

Title/Position:

Signature:

Data submitted to central incident database

Date:

Signature: