



Patient Feedback Form

Doctors and Staff at this practice are committed to providing you a high standard of patient care. We value your feedback.

Nature of feedback: (please tick)

Compliment Observation Suggestion Incident Complaint

Clinic: _____

Detail: (include as much detail as possible – e.g. date, clinic, staff involved etc.)

Please tick if you would like to be contacted regarding this matter

(NB: providing your name and/or signing the form are optional)

Date: ____/____/____

Name: _____ **Signature:** _____

Address: _____

Contact Number: _____ (day contact) _____ (after hours)

Once complete, please forward to the Reception staff or leave it in the suggestions/feedback box.

You can also post this form to: Hargreaves St Medical Practice, 454 Hargreaves St Bendigo 3550 Or Fax: 03 5498 8857

Alternatively, this form can be emailed to reception@hargreavestmedical.com.au