



Complaint Form

PERSON REGISTERING THE COMPLAINT

Full Name: _____

Address: _____

Phone number: _____

Email address: _____

I am the complainant.

I am representing the complainant for the purposes of this complaint.

COMPLAINANT INFORMATION (if different from above)

Full Name: _____

Address: _____

Phone number: _____

Email address: _____

Please indicate your preference as to how you wish to be contacted:

By phone By email

Complaint details:

Who is the complaint against ("the Respondent(s)"): _____

Please note all Respondents will be notified of the Complaint as per the GHCS Complaint Process Policy.

Is this against the GHCS as a Society? Yes No

Is this against an individual? If so, please provide their name:

If you do not know their name, please describe them and their role at the centre/clinic.

Please describe the nature of your concern and the full particulars of the issue or incident that gives rise to the complaint (include date, time, location, and what occurred). You may provide additional pages if submitting in hard copy; if so, please indicate the total number of pages here: _____

If there was a specific incident, were there any witnesses to the Event? If so, please provide their names and contact information, if known, or indicate this information will be provided at a later date.

Is there a specific remedy or action you are seeking from the GHCS? If so, please set that out as specifically as possible.

If there are relevant documents, please attach and indicate in this box that are attached documents. Documents attached? Yes No

No -Documents to be forwarded at a later date

CONFIRMATION

Note: All complaints must be signed by the complainant and/or complainant's representative.

Complainant's signature: _____

Date: _____

Representative's signature: _____

Date: _____

(if applicable)

Please note we will not investigate complaints that are over a year old except in extenuating circumstances. Please see our Complaints Investigation Policy for the process of complaint investigation.