



Dr A. AL-HASHIMI  
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SALE 3850

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Provider No 402461 CF  
ABN 32 622 553 397

## Sale Family Dentist Compliments, Complaints and Suggestions Feedback Form

### Patient Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Details

Date in relation to feedback:

\_\_\_\_\_

Name(s) of staff involved (if known): \_\_\_\_\_

Location / Treatment area: \_\_\_\_\_

Please describe your compliment, concern, complaint or suggestion:

(Include what happened, when, and who was involved)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What outcome or resolution would you like?

\_\_\_\_\_  
\_\_\_\_\_

Have you spoken to any staff member about this matter?    Yes    No

If yes, please provide details: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by (staff name): \_\_\_\_\_ Date: \_\_\_\_\_

**Practice Use Only**

Action taken / Follow-up:

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Outcome / Resolution:

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Date closed: \_\_\_\_\_ Handled by: \_\_\_\_\_