



## Patient Complaint Form

I wish to lodge a complaint with Blackbutt Clinical Centre.

**My details are:**

Mr/Mrs/Ms (other) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_\_\_

The best way to contact me is \_\_\_\_\_

If lodging this complaint on behalf of:

**Myself (go to page 2)**

**Another person who received the services are:**

Mr/Mrs/Ms (other) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_\_\_

Is the person aware that you are making the complaint? Yes / No

My relationship with the person is \_\_\_\_\_



The main issues I am concerned about are:

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In future I would like the following changes to be made:

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Please send the information to:

**Business Manager**

Michal

[info@blackbuttcentre.com.au](mailto:info@blackbuttcentre.com.au)

L1\58 Orchardtown Road

New Lambton NSW 2305

**Alternatively, if you would like to take your complaint further you can contact the Healthcare Commission in your State.**

NSW Healthcare Complaints Commission  
Level 12, 323 Castlereagh Street (corner of Hay St)  
SYDNEY NSW 2000  
Phone: 1800 043 159