L A V A D A

Patient Complaint and Feedback Form

Patient Information:
Name: _____
Date of Birth: _____
Contact Number: _____
Email Address: _____

Complaint Details:
Date of Incident: _____
Time of Incident: _____
Location of Incident: _____

Please provide a detailed description of your complaint:

What outcome or resolution are you seeking?

Have you previously raised this complaint with any staff members? If yes, please provide details:

Supporting Documentation:
Please attach any relevant documents or evidence related to your complaint (e.g., photographs, medical records, correspondence).

Declaration:
I hereby declare that the information provided in this complaint form is true and accurate to the best of my knowledge. I understand that this complaint will be handled in accordance with the clinic's policies and procedures.

Patient's Signature: _____
Date: _____
Please submit this completed form to the clinic's reception or email it to hello@lavada.com.au.
Thank you for bringing your concerns to our attention. We will review your complaint and respond to you in a timely manner

Lavada
Unit 51/19A Hunter St (IXL courtyard)
Hobart TAS 7000
0416 620 069
hello@lavada.com.au