

**PATIENT COMPLAINT FORM**

**PATIENT DETAILS:**

**COMPLAINANT DETAILS (if different from patient details):**

Name:.....

Name:.....

Address:.....

Address:.....

.....  
Email:.....

.....  
Email:.....

Contact No:.....

Contact No:.....

Name of Chiropractor you are complaining about:.....

Relationship to Patient:.....

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Full details of the complaint including what happened, where it happened and the date(s) it happened. Any people present/involved. Please send any documents that might support your complaint.

*(if required, please continue overleaf)*

**Complainant's Signature** ..... **Dated** .....

**If the complainant is not the patient, then this section must be completed by the patient.**

I..... hereby authorise the above/attached complaint to be made on my behalf by ..... and I agree that the practice may disclose confidential information about me which I have provided insofar as it is necessary to answer the complaint.

**Patient's Signature** ..... **Dated** .....