LONG BEACH
MEDICAL CENTRE

Long Beach Medical Centre Complaint/Feedback Form

We value your feedback and are committed to providing the best possible care to our patients. If you have any concerns, complaints, or feedback regarding your experience with us, please complete this form. Your comments will be taken seriously and help us improve our services.

Patient Information & Confidentiality

Your feedback will be treated confidentially. Your details are confidential and will only be used to resolve your concern. However, if you wish to remain anonymous, you can leave the contact details below blank. However, providing contact details helps us to resolve your issue more effectively.

- Full Name : _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____

Details of Your Complaint/Feedback

1. **Date of Visit:**
   Please provide the date of the appointment/service:

2. **Staff Involved (if applicable):**
   Please provide the name of the staff / Doctor you interacted with.

3. **Nature of Your Complaint/Feedback (Please select one):**
   [ ] Service Quality
   [ ] Wait Times
   [ ] Professionalism of Staff
   [ ] Communication Issues
   [ ] Billing or Payment Issues
   [ ] Facility Conditions
   [ ] Other: _____

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4. **Description of the Issue:**
   Please provide a detailed description of your complaint or feedback.

5. **Desired Outcome/Resolution:**
   What would you like to happen as a result of this complaint or feedback?

6. **Additional Comments**
   Any other information or comments you would like to share?

Consent & Acknowledgment

By submitting this form, you acknowledge that the information provided is accurate and true to the best of your knowledge.

Signature: _____ **Date:** _____

Submission Instructions

Once completed, please submit this form to reception, email it to [feedback@lbmctas.com.au], or return it via the feedback box located at the clinic.

Thank you for taking the time to provide us with your feedback. We appreciate your help in improving the quality of care we provide to our patients.

(03) 6225 5155 (03) 6225 5166 feedback@lbmctas.com.au lbmctas.com.au
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