

HORNSBY CARDIAC DIAGNOSTIC UNIT

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Customer Feedback & Complaints Form

Document Management

Practice name:	<i>Hornsby Cardiac Diagnostic Unit</i>
Practice ID number:	<i>LSPN 339</i>
Reference documents:	DoHA Practice Accreditation Standards 2 nd edition: 1.1(i) & 4.3 (2) Other: Consumer Feedback and Complaints Policy.

Please tick the nature of contact:	<input type="checkbox"/> Compliment	<input type="checkbox"/> Feedback	<input type="checkbox"/> Complaint
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Contact Details

Name:	
Address:	
Phone Number:	
Email:	
Compliment / feedback / complaint reported to:	
Date:	
Summary:	
If applicable, what outcome are you seeking?	
Would you like to be contacted regarding your comments?	