

# Complaint form

It is not mandatory for the patient/consumer to identify themselves and/or provide contact details when submitting a complaint. If the patient/consumer chooses not to be identified, the pharmacy will not be able to inform them of the outcome(s) of the complaint.

Patient/consumer chooses not to be identified.

Patient/consumer submitting the complaint chooses to identify themselves (please complete the following):

Name of patient/consumer: .....

Address: .....

Phone: .....

Email: .....

Preferred method of contact:  Mail  Phone  Email

## Collection statement

The information contained in this form will be used for the purpose of facilitating and resolving the complaint.

### Details of complaint

Ask patient/consumer to fill out or tell you the manner in which they believe their privacy rights have been infringed.

### Pharmacy details

Name of pharmacy: .....

Address of pharmacy: .....

Email address of pharmacy: .....

### Outcome(s) of complaint

Signature of pharmacist: ..... Date: .....

*Note: if requested, provide a copy of the completed form to the patient/consumer and retain the original on file at the pharmacy.*



**The Pharmacy  
Guild of Australia**



**Pharmaceutical  
Society of Australia**

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